

## Council of Governors

**13 July 2022**

<b>Paper title:</b>	Quality Report and Account 2021/22	<b>Agenda Item</b>  <b>10.0</b>
<b>Presented by:</b>	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, Director of Infection Prevention and Control	
<b>Prepared by:</b>	Nicola Mortimer, Quality and Compliance Manager	

Purpose of the report		
The purpose of this paper is to present the Quality Report to the Council of Governors for information and awareness.	For approval	
	For discussion	
	For information	<b>X</b>

Executive summary		
<p>In response to COVID-19 national guidance was amended to separate the publication of the Annual Report and Quality Report, whilst maintaining it was still a statutory requirement to produce both.</p> <p>While there has been no requirement for an external audit to be undertaken to provide limited assurance regarding the Quality Report, the report has been produced using the sources and methodologies as in previous years and meets the requirements of the national guidance. It encompasses the statutory statements as required and includes examples of good practice and innovation.</p> <p>This report was signed off by the Board of Directors on 16 June 2022 and published on 30 June 2022</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

Recommendation
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the Quality Report and Account and that it has been published in line with national requirements.</li> </ul>

<b>Strategic vision</b>				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

<b>Care Quality Commission domains</b>				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> <li>all</li> </ul>
<b>Links to the Strategic Organisational Risk Register (CRR)</b>	The work contained with this report links to the following corporate risk(s) as identified in the SORR: <ul style="list-style-type: none"> <li>not applicable</li> </ul>
<b>Compliance and regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>not applicable</li> </ul>

## **Meeting of the Council of Governors**

**13 July 2022**

### **Quality Report and Account 2021/22**

#### **Purpose**

The purpose of this paper is to present the Quality Report to the Council of Governors for information and awareness.

#### **Summary of Key Points**

Revised national guidance was published in April 2021, in response to COVID-19 it identified:

- The publication deadline would remain 30 June 2022
- There was no statutory requirement to have an external audit of the Quality Report
- The Quality Report was to be produced as a stand-alone document and not as part of the Annual Report

The draft Quality Report was circulated to partners on Friday 6th May 2022 for 21 days consultation, in relation to this:

- Commentaries have been received from both the CCG and Healthwatch and are included in the report
- Overview and Scrutiny Committee have not provided a statement (nor have they commented in previous years)

Points to note in relation to content are as follows:

- Earlier draft versions have been reviewed by Audit Committee, Quality and Safety Committee members and SLT. Amendments were made in response to feedback received.
- The final version of the report was approved by the Board of Directors on 17 June 2022 and published on 30 June 2022

**Nicola Mortimer**  
**Quality and Compliance Manager**  
**4 July 2022**

# Quality Report 2021/22

Bradford District Care NHS Foundation Trust



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*Please note the photos in this report where staff are not complying with COVID-19 regulations, regarding social distancing and the wearing of Personal Protective Equipment, were taken prior to the rules coming into place.*

# Part 1: Statement on quality from the Chief Executive

## 1. Introduction



On behalf of the Board of Directors I am delighted to introduce the annual Quality Report for 2021/22. The report reflects our ambitions as a trust, details our achievements in improving the quality of our services, describes our on-going challenges and how we intend to make further improvements in 2022/23.

This year we have continued to feel the impact of COVID-19. When I introduced our Report last year, I told you how amazed I was that over a year on we were still experiencing the significant effects of the pandemic. Whilst much has changed over the past year, much has also remained the same. We have continued to work with strict infection prevention guidance; our staff, like the rest of the country, have experienced exhaustion, illness and bereavement and during this time we have lost colleagues as a result of the pandemic. Our thoughts continue to be with their families, friends and co-workers.

As the country has reopened and gradually moved back to 'business as usual', we have experienced unprecedented demand for our services. The impact of the pandemic on people's mental health and wellbeing cannot be under-estimated, and alongside this we are seeing physical health challenges as a result of delayed treatments. Our staff have been outstanding, rising to every challenge - they have continued to innovate, to improve the quality of services, to deliver services in new and different ways and to collaborate closely with our partners across health, social care and the voluntary sector to ensure the changing needs of our communities are met.

Living the values described within our **better lives, together** strategy, - **We Care, We Listen, We Deliver** has never been more important. This year has seen a focus on the health and wellbeing of our staff, listening to understand the specific challenges individuals and teams are facing, and delivering appropriate and timely support to help them meet those challenges. For our service users and patients, we have continued to listen to their experiences of accessing support during COVID-19, keeping those things that have helped and moving away from those things that have made life more



difficult. This is something we will continue to do as services develop over the coming months and years.

It is with deep gratitude and a real sense of pride that I reflect on our achievements this year. It is notable that, despite the many challenges we have faced, we have maintained our focus on continuous improvement using our **Care Trust Way** approaches and tools. Of significance, during this year we have been inspected by the CQC and have received a rating of Good overall - an improvement from our previous Requires Improvement rating. This achievement is directly attributable to the dedication and hard work of our staff across the trust. Without them, none of this would be possible and I would like to take this opportunity to thank them for their hard work and commitment, never more evident than throughout this very, very difficult period.

As a trust we have continued to be actively engaged in research, publishing 39 papers and continuing to have a focus on putting research into practice. We have been nominated for, or achieved, a number of awards, including being awarded the Triangle of Care Award by the Carer's Trust for our work in engaging carers, and we have continued to actively benchmark ourselves against others where possible to help us drive improvement.

During this period, our leaders have continued to value and prioritise having direct contact with front line staff and services, undertaking 'Go See' visits on a regular basis, and listening and responding to the successes and concerns raised. This invaluable connection has helped us ensure that we truly understand what it feels like to deliver services across our trust. This helps us make the changes needed to support staff to continue to do what they do best – deliver high quality care for our service users and patients.

Looking forward to 2022/23, I reflect on how the changes to health and care legislation, that have just been given Royal Assent, give us the opportunity to improve how we deliver services. We are already working more collaboratively than ever with our partners across health and social care, both within Bradford and Craven and more widely across West Yorkshire, and this will continue. Our ambition is to deliver outstanding services for our population, and whilst we recognise that we must work within the context of increasing demand and financial constraint, we will look to build on our collaborative relationships to enable us, as a health and care system, to deliver the triple aims of the NHS – better population health, better quality patient care, and financially sustainable services.

## 2. Declaration

The Trust Board is confident that this Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.

A handwritten signature in black ink, appearing to read 'Therese Patten', with a long horizontal flourish extending to the right.

Therese Patten, Chief Executive

Date: 28<sup>th</sup> June 2022



## Part 2: Priorities for improvement and Statements of assurance from the Trust Board

### 3. Priorities for improvement



In our 2020/21 quality report we set out our priorities for improvement during 2021/22; these are summarised below and progress against the quality goals is provided in Part 3 of this report (from page 29) This report demonstrates the challenge of the past year and how we have risen to that challenge and describes our ambitions for the coming 12 months.

Phillipa Hubbard, Director Nursing, Professions and Care Standards

#### **Our quality goals for 2021/22**

The in-year strategic objectives for the Trust included the following:

#### **Strategic Priority: To deliver the Best Quality Care**

Strategic Objective 1: To engage with our patients and service users, ensuring they are equal partners in care delivery.

Strategic Objective 6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.

#### **Strategic Priority: Healthy as Possible**

Strategic Objective 3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)

Progress against these, and the other Strategic Objectives, has been reported to the Board of Directors with oversight at the most appropriate Board Committee. These objectives are mirrored in the quality improvement plans of individual teams and services.

#### **Progress against our 2021/22 quality goals**

Progress in delivering against our goals has once more been impacted by the ongoing legacy of the COVID19 pandemic. Continuing restrictions relating to infection prevention and control have impacted on our ability to effectively engage with service users and staff, and immediate operational priorities have impacted on clinical capacity to engage with offers of support and development. That being said, we have made progress in a number of areas.

Strategic Objective 1: To engage with our patients and service users, ensuring they are equal partners in care delivery.

Whilst progress has been limited, reflecting the constraints on our ability to engage with service users through our usual diverse challenges, we have continued to make progress on delivery of our 'Your Voice Matters' involvement strategy and action plan. This has included the procurement of a new Friends and Family test provider (Captive Health) and the introduction of wider range of feedback mechanisms that come with the new system, including the introduction of online involvement mechanisms.

We have continued to develop service user involvement across all aspects of the business of the trust, approving a revised Volunteering strategy, introducing a service user (expert by experience) Co-chair of the Trust-wide Involvement Group (TWIG) and continuing to grow membership in the Young Dynamo's Young People's research group and provide more opportunities to get involved.

We have also had a focus on improving the experience of engagement of service users in the development and delivery of their own care.

Strategic Objective 6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.

This year has seen the establishment of a new programme specifically designed to support the sustainability of the trust. Led by the Deputy Director of Patient Safety, Compliance and Risk, with strong clinical leadership on each of the programmes, the TWICS programme (Together We Improve, Create and Sustain) has brought together our strategic programmes with a focus on quality improvement as well as clinical, environmental and financial sustainability.

Whilst the organisation continues to experience workforce challenges, it is making progress in redesigning clinical pathways, clinical and non-clinical roles and development opportunities to enable us to recruit and retain a workforce fit for the future.

Strategic Objective 3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)

In December 2021 the CQC published the outcome of their latest comprehensive inspection of the trust, with a rating of 'good' overall, improved from the previous rating of 'requires improvement'. It reflects the hard work and commitment of staff that, despite the significant operational and governance challenges associated with responding to the COVID pandemic, services have not only managed to maintain high standards of care but have managed to make improvements which are significant enough to increase the trust's overall rating from requires improvement to good during this time.

Following a pause during the height of the pandemic, the trust continues to roll out and embed Care Trust Way approaches, and the positive progress in embedding this cultural change was reflected in the feedback received from the CQC.

# Part 2b: Statements of assurance from the Trust Board

## 4. Review of services

During 2021/22 Bradford District Care NHS Foundation Trust provided 53 NHS services in the following areas:

- Mental health services.
- Learning disability services.
- Community services.
- Dental services.

A full list of services can be found in appendix 1.

Bradford District Care NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 53 of these services.

The income generated by the NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by Bradford District Care NHS Foundation Trust for 2021/22.

A review of our services appears in part three of this document. This gives an overview of how we are doing against the quality indicators that have been set by us and our stakeholders.



Wildlife meadow walk at Lynfield Mount

## 5. Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is Requires Improvement. The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2020/21.

Bradford District Care NHS Foundation Trust has participated in one investigation by the CQC during 2021/22. This investigation is in relation to an inpatient death in 2019 and was carried over from 2020/21. This investigation has been completed with no further action being taken against the trust.

During this period the trust has updated its registration status with the CQC, submitting a revised Statement of Purpose in April 2021, with further amendments being submitted in February 2022. No amendments were made to the registered premises services are delivered from, or activities being conducted by the trust.

The CQC inspected the Trust between 7 and 29 September 2021.

The CQC carried out short notice (24 hours) announced inspections of three of the Trust's community mental health services

- community mental health services for adults of working age because they were rated requires improvement at the last inspection.
- specialist community mental health services for children and young people because of the high-risk nature of the service, and because this service has not been inspected since 2014.
- crisis and health-based places of safety because of the high-risk nature of this service.

The CQC did not inspect three other services previously rated as requires improvement (wards for older people with mental health problems; forensic inpatient or secure wards and community health services for children and young people) as they felt there was no intelligence highlighting risk in these services.

The CQC also inspected the well-led key question for the Trust overall because at their last inspection the Trust was rated overall as requires improvement.

The report was published on 15 December 2021 and the Trust has subsequently provided a management response to the CQC in relation to areas for improvement that were identified during the inspection.

At this inspection

- community mental health services for adults of working age were rated as good overall, an improvement from the previous rating of requires improvement
- crisis and health-based places of safety were rated as good overall, which was the same overall rating with an increase in rating in the safe key question from requires improvement to good.

- specialist community mental health services for children and young people were given a rating of requires improvement overall, with a rating of good in the caring key question. The rating had gone down since the last inspection.
- the Trust was rated as good in the well-led domain, an improvement from the previous rating of requires improvement.

Overall, this means that

- 4 of the Trust's services are currently rated as requires improvement overall
- 7 of the Trust's services are currently rated as good overall and
- 1 service (community end of life care) remains rated as outstanding overall.

The overall rating for the Trust is shown below.

#### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↔ Nov 2021	Good ↑ Nov 2021	Good ↔ Nov 2021	Good ↔ Nov 2021	Good ↑ Nov 2021	Good ↑ Nov 2021

#### Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Mental health crisis services and health-based places of safety	Good ↑ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021
Wards for older people with mental health problems	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services of adults of working age	Good ↑ Dec 2021	Requires Improvement ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↑ Dec 2021	Good ↑ Dec 2021
Community mental health services for people with a learning disability or autism	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Wards for people with a learning disability or autism	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Forensic inpatient or secure wards	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services for older people	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Specialist community mental health services for children and young people	Requires Improvement Dec 2021	Good Dec 2021	Good Dec 2021	Requires Improvement Dec 2021	Good Dec 2021	Requires Improvement Dec 2021
Overall	Requires Improvement	Good	Good	Good	Good	Good

### Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community end of life care	Good Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019
Community health services for children and young people	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Requires improvement Jun 2019
Overall	Good	Good	Outstanding	Good	Good	Good

It is of note that despite the significant operational and governance challenges associated with responding to the COVID pandemic, Trust services have not only managed to maintain high standards of care but have managed to make improvements which are significant enough to increase the Trust's overall rating from requires improvement to good during this time. This includes improving the rating for acute wards for adults of working age and psychiatric intensive care units from inadequate in 2019 to good in May 2020.

Two areas of work undertaken by the Trust have been specifically highlighted by the CQC as a result of this inspection:

1. The implementation of the critical incident debrief services was highlighted as outstanding practice
2. The work of the positive and proactive group, whilst not formally recognised as outstanding, was highlighted as an area of significant good practice

In addition, the report identified a number of other areas of good practice:

- Kind, caring and compassionate staff;
- A focus on the wellbeing of staff with a culture of openness and transparency from senior leaders;
- Awareness and work relating to addressing health inequalities;
- Partnership working with staff, governors, service users and across the Bradford and Craven place and the West Yorkshire and Harrogate Integrated Care System
- A skilled and passionate leadership team; and
- Effective ward to Board governance.

The running of the vaccination centres was separately and positively recognised in the report.





The report also highlighted a number of areas of improvement since the last inspection, including:

- Governance processes, including the oversight and management of risk and performance and the oversight and management of supervision, appraisals and mandatory training and the embedding of the use of daily lean management;
- Reductions in the use of restrictive practice;
- Improvements in serious incident reporting; and
- Improvements in the safety of services following the use of rapid improvement processes

Whilst the improvements seen were significant and reflect positively on the hard work the Trust has undertaken over the past 2 years, there were also areas where further work is required.

The CQC identified 6 regulatory breaches:

### **Trust wide**

The trust must ensure that all staff have a disclosure and barring check in line with trust policy, and that there is appropriate oversight of renewal dates and action taken when staff do not have a valid check in place. (Regulation 17).

The trust must ensure that performance monitoring includes all risks to quality, safety and performance (Regulation 17)

The trust must ensure that duty of candour notifications and policy and processes are in line with regulations and that the notification given includes an apology. (Regulation 20)

### **In specialist community mental health services for children and young people**

The trust must ensure that all risks relating to the care of children and young people are documented in line with trust policy and alongside appropriate care plans to mitigate risks in relation to their physical and mental health. (Regulation 12)

The trust must review the waiting time for the eating disorder and neurodevelopment teams to ensure that young people are being seen for assessment within the trust target time. (Regulation 9)

### **In community mental health services for adults of working age**

The Trust must ensure that all patients have an up to date care plan. (Regulation 12)

As well as making recommendations about areas relating to regulatory breaches the CQC identified a number of areas where the Trust should either continue to make progress or should ensure that work is undertaken to prevent the potential for future regulatory breaches. These recommendations fit into a number of broad categories:

- Policy management and oversight



- Embedding learning
- Clinical environment
- Inequalities and equity of access
- Appropriate ratings of risk and escalation of these
- Clinical records – standards, sharing and oversight
- Staffing – levels and training

There were also a number of areas of potential learning identified in the report about which no formal recommendation was made, but where there is benefit in the Trust using this information to improve the quality and safety of services.

The trust has committed to undertaking or continuing to progress a number of projects, programmes and activities which will continue to address the areas for improvement identified to us as a result of the CQC's inspection. These will be overseen by existing governance structures, with progress being reported periodically through the Quality and Safety Committee to the trust's Board of Directors.

## 6. Participation in Clinical Audits

The Trust undertakes a full programme of clinical audit which is reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community and commissioners to understand the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement and help us close any gaps. Our audit activity for 2021/22 included:

1. National clinical audits.
2. Commissioner clinical audits.
3. Local clinical audits.

### 6.1 National Clinical Audits

During 2021/22 eleven national clinical audits covered relevant health services that Bradford District Care NHS Foundation Trust provides.

During that period Bradford District Care NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2021/22 are as follows:

#### **NHS Digital:**

- a. National Diabetes Footcare (NDFA).

#### **Royal College of Psychiatrists:**

- b. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) Spotlight
- c. Dementia Spotlight in Memory Services
- d. Psychosis in CMHT: Spotlight of Employment and Physical Health

#### **National Prescribing Observatory for Mental Health (POMH-UK)**

- e. Topic 14c Alcohol Detoxification on Inpatient Wards
- f. Topic 19b Prescribing for Depression in Adult Mental Health
- g. Topic 1h&3e Prescribing of Antipsychotic Medication in Adult Mental Health Inpatients

#### **National NHS Benchmarking**

- h. Care at End of Life (Organisational)

#### **Kings College London**

- i. Stroke Post-Acute in Speech and Language Therapy (Organisational)

#### **Royal College of Physicians**

- j. Inpatient Falls

#### **UNICEF**

- k. Baby Friendly Initiative in Health Visiting

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

<b>Name and Type of Clinical Audit</b>	<b>Number of Cases Submitted</b>	<b>% of Required Cases Submitted, as specified in the guidance</b>	<b>Overall Percentage Compliance</b>
<b>NDFA</b>	291	N/A	Data collection still ongoing
<b>NCAP EIP</b>	100	100%	Results not yet published
<b>Dementia Spotlight in Memory Services</b>	50	100%	Results not yet published
<b>Psychosis in CMHT: Spotlight of Employment and Physical Health</b>	100	100%	Data not yet finalised
<b>POMH Topic 14c Alcohol Detoxification on Inpatient Wards</b>	43	N/A	92%
<b>POMH Topic 19b Prescribing for Depression in Adult Mental Health</b>	61	N/A	Results not yet published
<b>Topic 1h&amp;3e Prescribing of Antipsychotic Medication in Adult Mental Health Inpatient Wards</b>	121	N/A	Results not yet published
<b>Care at End of Life</b>	0	Cases not submitted (organizational only)	N/A
<b>Stroke Post-Acute in Speech and Language Therapy</b>	0	Cases not submitted (organizational only)	N/A
<b>Inpatient Falls</b>	2	N/A	Data not yet available
<b>Baby Friendly Initiative (Wakefield Service)</b>	82	100%	90%

*\*N/A: not applicable - there was not a minimum requirement for the number of cases that should be submitted for the audit.*

Details regarding action taken/to be taken in response to one of the national audits can be found in Appendix 2.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

## 6.2 Commissioner Clinical Audits

As part of the quality monitoring processes for the Trust, historically there has been four audit topic requirements that are agreed with, and reported to, local clinical commissioning groups (CCG) at various times throughout the year. These are as follows but continue to be suspended due to COVID-19:

- a. Care Programme Approach (CPA) (required in quarter 2 and quarter 4)
- b. Section 117 (required in quarter 2 and quarter 4)
- c. The National Institute for Health and Care Excellence (NICE) Physical Health Checks for Antipsychotic Initiations (required in quarter 1 and quarter 3)
- d. District Nursing Care Plans (required in quarter 4)

The details for each audit are included in the table below. Where there has been capacity within local teams to do these audits, they have been carried out locally and if the results are currently available there is an overall percentage compliance.

Audit Title	Completion of Audit	Overall Percentage Compliance
<b>CPA</b> CPA focuses on ensuring that patients with complex needs and/ or multi-agency involvement are managed appropriately through care planning.	This audit was carried out locally in quarter 2	93%
<b>Section 117 Aftercare</b> Section 117 aftercare ensures that patients who have been detained in hospital under Sections 3, 37, 45a, 47 and 48 receive appropriate aftercare.	This audit was carried out locally in quarter 2	72%
<b>NICE Physical Health Checks for Antipsychotic initiations</b> A baseline physical health check should be carried out for patients initiated on antipsychotic medication. The results of the check should be communicated to the patient's GP.	This audit is currently being carried out	Data not yet available
<b>District Nursing Care Plans</b> Patients on the district nursing caseload should have an individual completed care plan setting out the patient's goals.	This audit was carried out locally in quarter 4.	79%

The requirement to carry out these audits and report them to the CCG is still on hold but there have been efforts to carry out the audits locally where possible

Details regarding the actions taken/to be taken can be found in the Appendix 2

### 6.3 Local Clinical Audit (internally driven projects)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the first table below is a summary of the current status of all local clinical audits that have been registered between 01/04/2021 and 31/03/2022. The second table includes a summary of the action plans that have been ongoing during this same period; these figures include some action plans for national/contract audits carried out in previous years.

#### Local Active Clinical Audits

Clinical audit status:	In progress	Completed	Discontinued	Total
Total	16	19	0	35

#### Action Plans Following Local Clinical Audits

Action plan delivery status:	Not required	Awaiting	Ongoing	Implemented	Discontinued	Total
Total	2	1	15	8	0	26

Details regarding the actions taken/to be taken can be found in Appendix 2.

### 6.5 National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Studies

One NCEPOD studies was applicable to the Trust during 2021/22; Transition from Child to Adult Health Services for Young People with Complex Chronic Conditions. Data collection is currently ongoing. It involves an organisational questionnaire, case identification of eligible young people and clinician questionnaires for specific cases when requested by the national team.

#### Service User and Carer Involvement in Clinical Audit

During 2021/22 an Involvement Partners in Clinical Audit Group was created. The group has representation from the Clinical Audit Team, the Patient and Carer Experience and Involvement Team and three Involvement Partner representatives.

The Clinical Audit Team share the results of a recently completed clinical audit for the Involvement Partners to provide input around recommendations and actions in relation to the results. The group meet on a bi-monthly basis, and it is hoped that the group will evolve during 2022/23 and have wider input with the clinical audit programme.

## **7. Research and innovation**

### **Recruitment of people into research**

Continued participation in clinical research shows our commitment to improving the quality of care we offer. The past year has seen significant strategic developments in the activity within the R&D Team, and the emergence of locally led research.

Over the past year, our investment in research, together with Clinical Research Network Yorkshire and Humber (CRN-Y&H) funding, has resulted in continued progress in achieving and exceeding the goals of our research strategy. In some cases, there feels to have been a positive 'step change' in our trajectory.

### **Recruitment of people into research**

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care NHS Foundation Trust in 2021-22 that were recruited during that period to participate in research approved by a research ethics committee was 645, with 635 recruited to NIHR portfolio studies. 322 of these participants were recruited to COVID-19 related studies with the rest coming from the reopening of other workstreams.

We have maintained a good balance between study types, with a good proportion of our recruitment coming from Interventional Studies. In the current CRN weighting system, this makes a strong contribution to our 'weighted' recruitment. This is important as it one of the variables used in the calculation of annual CRN-YH Core Funding elements.

The relative paucity of studies available to us, coming through the CRN-YH 'pipeline' does mean we are less able to choose which studies we undertake.

Study recruitment continues to come from all areas of the Trust (with the exception of Learning Disability), and we continue with a ratio of approx. 2:1 observational to interventional studies.

The Team has also delivered some recruitment to studies being run in Primary Care, as part of the City of Research initiative, and the Department's Strategic Project to enhance collaboration across the district. This project received additional funding for 2021-22, and it had been confirmed for 2022-23, demonstrating the value of developing such collaborations.



## Research authorisation and governance

Key Performance Indicators					
KPI	Actual	Year Target	%		
Recruitment – Time to first recruit (FPFV)	8	13	62%	Portfolio studies open for over 30 days with recruitment target only (not monitored by CRN for 2021-22)	
Closed Projects RTT Status	5	5	100%	% Closed projects having met	
Completed PRES	Y&H CRN	27	9	300%	Target, 1% of previous years total
Surveys	BDCT	12	225%	Target 10% of Appropriate	

Governance performance continues to be excellent, whilst COVID has affected the FPFV metric.

## Publications

BDCFT was involved in 39 published papers. Details at:

<https://www.bdct.nhs.uk/wp-content/uploads/2021/12/Staff-publications-2021-2022-details.xlsx>

## Public patient involvement (PPI) in research

- We continue to have strong PPI representation at the Research Forum
- We have 2 Patient Research Ambassadors, who are also members of the PPI Group, DIAMONDS Voice, who were recent runners up in the McPin PPI Awards, showing a model for involvement in a major NIHR Funded Programme. We have nominated them for a similar award in the forthcoming CRN-YH Awards.
- Our BAME strategic project is able to provide us with a greater insight with regard to PPI issues within those communities than we have had before.

## Partnership Working

We continue to play a significant role in the City of Research initiative, that will be formally launched at the Trust conference in June: Virtually Clear



We continue to invest Research Capability funding in a way to generate further Grant funded projects, and this has been achieved with a NIHR Research for Patient Benefit award in Community Dentistry for Doctor Peter Day, and a Patient Safety Research Group award for Helen Haylor.

### Strategic Projects:

Successful bids to CRN-YH for specific project related funding has allowed us to develop 2 successful projects to facilitate significant streams of work to enhance our research capacity and engagement across the district.

1. Community Outreach (£15.5k)

This funded 2 PT posts to develop working practices and projects within Primary Care; AFFINITY Cluster and PDN6 in City Federation.

The work is making steady progress and has been funded again for 2022-23.

2. BAME Community Engagement (£18k)

following clear evidence from last year's PRES of the disproportionately low number of participants from these backgrounds our existing work within the CRN-YH EMRI group formed the foundation of a bid to further understand and develop positive relationships with our local BAME communities, and in particular our South Asian communities.



We have also been asked to contribute to some of the events in the potential City Of Culture programme, should Bradford be successful. This innovative work has also been funded again for 2022-23.

## **8. Commissioning for quality and innovation (CQUIN) 2021/22**

In response to COVID-19 the contractual requirement to deliver the targets and milestones agreed in the published Commissioning for Quality and Innovations (CQUINs) were suspended for 2021/22. This meant that the financial value attached to the delivery of the CQUINs was included in the providers' overall contract. CQUIN indicators are based on national priorities and are intended to deliver quality improvements and support transformational change.

The delivery of CQUINs has been reinstated with effect from April 2022. Details of these can be found on page 70

## 9. Data quality

We are committed to making sure that the data we use to deliver effective patient care is accurate and used in the same way across the whole Trust. Improving the quality of the data we use improves patient care.

### **We currently have three key electronic clinical record systems:**

- SystmOne (community services, mental health and learning disability services)
- PCMIS (My Wellbeing College – IAPT services)
- R4 (salaried dental services)

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical and non-clinical information. The key elements of the Trust's approach are:

- establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical and corporate records;
- undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- providing tools to monitor data quality and data quality compliance to agreed standards;
- ensuring managers take ownership of, and seek to improve, the quality of data within their services;
- wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- promoting data quality through regular reviews, procedures/user manuals and training.

The Trust's Data Quality is managed via regular services reviews and local assessments, any data quality issues dealt with at source, or via additional system training or escalated up to QuOps reviews.

### **NHS number and general medical practice code validity**

The Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patients valid NHS number was:

100% for admitted patient care (April 2021 – Feb 2022)

100% for outpatient care (April 2021 – Feb 2022)

The percentage of records in the published data which included the patients valid General Medical Practice Code was:

100% for admitted patient care (April 2021 – Feb 2022)

100% for outpatient care (April 2021 – Feb 2022)

The Trust did not submit records during 2021/22 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

### **Data Security and Protection toolkit**

In response to COVID-19 the national deadline for completing the final assessment has been extended to 31<sup>st</sup> June 2022, therefore the results for 21/22 will not be available at the time of publishing this report.

The results of the 2020/21 final assessment demonstrated that the standards were exceeded.

### **Clinical coding error rate**

The Trust's services were not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

### **NHS Mental Health Implementation Plan 2019/20-2023/24**

The Trust is continuing to work alongside the members of the Mental Wellbeing Partnership Board to ensure that the targets within the NHS Mental Health Implementation Plan 2019/20 – 2023/24 are delivered.

## 10. Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; Serious Incident policy and Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2021/22, 314 of Bradford District Care NHS Foundation Trust's patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	83	65	84	82

All deaths, whether expected (due to a clinical condition) or unexpected, are reviewed weekly in the Mortality and Duty of Candour Review Group. This group commissions reviews of case notes from a sample of deaths using the Structured Judgment Review (SJR) tool. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews, which do not consider the full range of factors within the SJR review, in order to understand if an SJR is appropriate, or where an SJR is not required but where there may still be an opportunity for learning.

The Mortality Group considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOp) meeting to develop a response in regard to any areas where it has been suggested that care should be improved, that identifies actions taken or required to address the learning. Issues that are of general relevance or useful elements of learning are added to the Trust's Patient Safety and Learning page, which is accessible to all clinical, operational and support services, to enable broader sharing of learning and intelligence across the organisation. For all deaths of patients who have a Learning Disability, the initial review is shared in the Mortality and Duty of Candour Group and they are referred to the national Learning Disabilities Mortality Review (LeDeR) programme.

By 31.03.22, 14 Structured Judgement Reviews (SJR) and 27 Serious Incident (SI) investigations have been carried out in relation to the care provided to patients who had died.

The number of deaths in each quarter for which an SJR or SI investigation was carried out are shown in the following table:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which a Structured Judgement was carried out	2	4	4	4
Number of deaths for which an SI Investigation was completed	9	7	6	5

The outcome of the SJRs and SI investigations was that there were no deaths judged to be 'more likely than not to have been due to problems in the care provided to the patient'.

There were two cases where patients had died in the previous reporting period (2020/2021) but the structured judgement reviews were completed in this reporting period (2021/22).

There were 4 serious incident investigations where deaths had occurred in the previous reporting period (2020/2021) and the investigation was completed in this reported period (2021/22).

None of the reviews or investigations into deaths which had occurred in 2020/21 which were completed in 2021/22 concluded that the deaths 'were more likely than not to have been due to problems in the care provided'

## COVID-19

The learning from death approach has taken particular account of the COVID-19 pandemic. We have collected the reports of both inpatient and community deaths relating to the trust.

### 2021-22 COVID-19 Deaths for Community and Inpatients

Between 01 April 21 and 31 March 22 there have been 78 service user deaths relating to COVID-19. 76 of these being community patients and 2 in-patient deaths. A breakdown of these by month is in the table below:

	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Community	17	9	1	1	1	1	5	12	9	11	6	3	76
Inpatient	2	0	0	0	0	0	0	0	0	0	0	0	2

The COVID-19 deaths linked with the Trust have been in line with the local prevalence of the pandemic. In patient deaths have been low in the Trust and have occurred mainly in the older population.

## Learning and improvement

BDCFT takes a proactive approach to learning from deaths, and the following summary outlines where good practice and areas identified for improvement have been highlighted during 2021/22. This learning is used to shape future quality and safety improvements.



### Learning from excellence:

A number of reviews were conducted that concluded good and excellent care had been provided by various inpatient and community teams. The aspects of care identified as demonstrating this were:

- Effective communication between services and with family and service users
- Good communication to enable service users to remain in the community and ensuring family are involved in creating care plans
- Effectively responding to service user's concerns
- Thorough and timely risk assessment, risk formulation and safety plan
- Good physical health monitoring and response
- Good intra-agency working and strong links with other services when specialist advice is required
- Good standards of advice and guidance being provided
- Care and treatment reflective of good practice, guidelines and standard operating procedures
- Delivery of high quality palliative care

### Learning for improvement:

Some learning was identified from a number of reviews where care had not gone so well and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of the learning identified relate to:

- Ensuring processes are in place for early identification for suicide prevention interventions
- Improving documentation to ensure full and complete records are maintained
- Sharing process knowledge so that the ability to share information between clinical systems / records is maximised
- Ensuring that BDCFT policies, procedures and guidance are followed in relation to the expected standards for safeguarding, including improving engagement of family and carers in the development of safety plans
- Improving consistency of direct Care Coordinator input
- Improving the timely evaluation of therapeutic effects of medication changes, and shared decision making with service users for prescribing
- Developing the parity of key information about mental and physical health which supports information sharing at care transitions
- Improvements to risk assessment and management pathways
- Improving administration processes to support effective relating to discharge
- Further developments to the referral, transfer and handover process of care for people receiving community mental health support

The Trust continues to take every available opportunity to improve how we learn from deaths: we remain an active participant in the Northern Alliance of mental health Trusts, which focusses on mortality review processes.

To further support the organisation in ensuring that meaningful learning is identified from reviews, a programme of Structured Judgement Review training, provided by the Yorkshire and Humber Improvement Academy, commenced in 2022 with plans for further training in place in 2022/23.

In 2021/22 the Trust appointed a Patient Safety Specialist and a Patient Safety Lead to drive the patient safety agenda forward, improve the organisations learning culture and continue to develop how the organisation shares and embeds learning for improvement across the Trust in 2022/23 and beyond.

## **Part 3: Review of quality performance**

### **11.Introduction**

Delivery services during 2021/22 continued with its challenges during the pandemic just as it had in the previous year. Services continued to be reviewed as to how and where they would be delivered in response to changes in national guidance.

Staff who had been able to carry out their roles by working from home in 2020/21 continued to do so, this was primarily corporate functions and also some clinical services where meeting face to face with service users was not going to be happening whilst COVID-19 restrictions were in place. Whilst COVID restrictions reduced for the public in public areas restrictions for NHS services have continued throughout 2021/22. The restrictions meant that services had to think creatively about how they could continue to be delivered.

In this section of our Quality Report, we are pleased to present you with the following examples of how we have adapted our services and introduced new ways of working in response to COVID-19.

## **12. How we have adapted our services and ways of working in response to COVID-19**

### **Healthy Weight CQUIN and introduction of the Physical Health Passports in Low secure inpatient services**

In 2019 NHSE introduced the Healthy Weight CQUIN, looking at the physical health of our Secure Care population. It was recognised that there were many reasons why our population within Mental Health Inpatient Services suffered specifically with their weight and physical health. quite often it was some time before service users were able to access the gym, walking group, cycling and swimming and as a result they led quite a sedentary existence following their admission/transfer. During this initial period, it is often the case that Service Users will be on high doses of medications, prescribed for the treatment of Mental Health. These medications often have Side Effects which have a sedative affect, slow down the metabolism and increase appetite. There is also the psychological component, impulse control, the need to exercise choice, the need for instant gratification, distress tolerance and a sense of loss.

Unfortunately, just 12 months in to the two-year CQUIN COVID 19 strook and this had a massive impact on much of the access to healthy lifestyles actions implemented locally and nationally. Specifically, any group activities; Healthy Weight, Walking, Cycling, Swimming and Aerobic Groups were all impacted, and a novel approach had to be created to continue the important work and results established during this exciting first year.

Year two also saw the introduction of the Physical Health Passports, which was a document, created collaboratively where our Service Users could plot and plan their involvement in the CQUIN and their hopes and ambitions for an improved experience in Secure Care.

In April 2020 NHSE announced that the Healthy Weight CQUIN would be suspended for the foreseeable future due to the impact of COVID, though Moorlands View were reluctant to halt the Healthy Actions begun in the first year and planned for the second. The decision was made to continue the Physical Health Passports which focussed on 8 key areas:

- Personal and Physical Health Information
- Motivation
- Goal Setting
- Education
- Steps to Success
- Exercise
- Progress
- Success Charts

The document itself had been formulated over the previous months, in collaboration with staff and service users and had gained traction and momentum. It was discussed with the Service Users and established that their commitment to engagement should

continue, with slight alterations to the availability of group activities and the way we shared personal and ward-based achievements.

The Physical Health Boards on each ward would continue to share the Units information and challenge results, along with bulletins on individual and group successes. Individual wards would continue to discuss the Healthy Weight Work and Passports as part of their Community Meetings and engagement remained part of Care Programme Approach meetings and Ward Reviews.

The second year did provide a challenge in maintaining motivation and engagement, though a core population continued to utilise the Passport and on the whole supported changes in the physical health of our population. An exciting result of this engagement was the sense of community which developed and how our Service Users discussed emotional wellbeing in addition to significant gains in their physical health.

The Unit received a significant boost when the Outdoor Static Gym Equipment was installed, a result of the Trust recognising the impact of the Secure Care environment, which would see Service Users confined to a ward with no internal movement, access to the gym or opportunity to walk in the grounds or Local Community. These restrictions in movement were exacerbated by the increased limits imposed during Lockdowns.

Ultimately the impact of the Physical Health CQUIN, and Moolands Views decision to continue with the Passport, provided a focus for our Service Users, continued important conversation, promoted novel approaches to engagement and progressed the sense of community on the wards.

### **CAMHS Neurodevelopmental Team**

When national restriction were implemented as a result of COVID-19, which meant face to face appointments were restricted indoors, the Neurodevelopmental Team, with the support of a local school were able to conduct ADOS assessments (to complete ASD assessment/diagnosis) outside. This enabled the team to continue to diagnose children and young people, rather than stopping assessments throughout the COVID period.



## **CAMHS Creative Means of Accessing Families**

In line with COVID 19 restrictions we as a front-line service have been working hard to reach out to our families who were in want of mental health services. The Primary Mental Health Team has been undertaking `garden visits`. This meant colleagues going out to see families in their garden with appropriate PPE. I have seen families where I have taken young people in the park just behind Hillbrook Centre. We have undertaken TEAMS calls but have continuously attempted to arrange garden visits and `park visits` for some of our most vulnerable families.

In addition to this, we have also been using our newly installed Pergola at Hillbrook.



This meant families waiting in the pergola as opposed to waiting with other families in the waiting area, therefore reducing contact with staff and other young people. Whilst families have either waited in their cars or in the Pergola, we have been seeing our young people in the nearby vicinity. We as a team have taken young people out for walks and arranged this activity as a `Walk and Talk` sessions. The whole team has

produced these creative ideas so we could continue to offer support to our families in these tumultuous times.

We have also been working very closely with Children Social Care and the BREW Project to reduce human contact. This meant workers from both organisations sharing information (via TEAMS) and instead of delivering the same information twice, we have agreed to deliver this work by one named person (with appropriate PPE) , thereby reducing the risk of infection.

## **New 24/7 online resource for families from the Children's Services - Bradford**



A new website is now available to provide 24/7 help and advice for expectant parents and families caring for babies or small children. Better lives, healthy futures has been developed with input from specialist clinical leads and people using our Family Health services, it offers a wide range of advice and guidance, together with links to other trusted information sites. Emergency and out-of-hours contact numbers are also detailed.

Resources include what to expect on the six important contacts families have with our Health Visiting service together with lots of useful information and advice on topics such as caring for a crying baby, a baby's development, feeding, mental health, immunisations, safe sleep and oral health. The website links

The first phase of the website is focused on supporting people with children in the 0-4 age group, but content is now being developed to meet the needs of children and young people up to the age of 19, and the people caring for them.

<https://www.betterliveshealthyfuturesbw.nhs.uk/>

## **13. How we have improved Quality Trust-wide**

### **Patient-Led Assessment of the Care Environment (PLACE)**

Bradford District Care NHS Foundation Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception, repeatedly exceeding the national average across all areas.

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it and how well the environment protects people's privacy and dignity.



PLACE assessors also consider how dementia friendly the patient environment is. This focuses on flooring, decor and signage, but also includes things such as availability of handrails and appropriate seating which can help those who have dementia.

Although the national PLACE 2021 assessments were cancelled for the 2<sup>nd</sup> year due to the pandemic, the work of the Estates and Facilities staff continued and the teams led a number of initiatives to improve the patient environment including redecoration schemes, new furniture, enhancements to courtyards, improvements to therapeutic space including a range of outdoor gym equipment to support Service User activity and therapy kitchen upgrades, new doors and WC's to support patient safety and outdoor space initiatives.



External gym equipment at Airedale Centre for Mental Health

Bradford District Care NHS Foundation Trust's Director of Finance, Contracting & Estates, Mike Woodhead, said: "The impact of the quality of the environment cannot be underestimated in the patients' recovery journey. We look forward to the coming year and hope to invite our PLACE Assessors back into the organisation to showcase the great work of the Estates and Facilities teams."



The Rainbow garden at Dementia Assessment Unit

## Results from the last Assessment which was undertaken in 2019

	Cleanliness	Food (overall)	Organisation Food	Ward Food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability (accessibility)
National Average 2019	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%
<b>Trust Average 2019</b>	<b>98.53%</b>	<b>98.22%</b>	<b>96.20%</b>	<b>99.29%</b>	<b>98.63%</b>	<b>98.08%</b>	<b>89.78%</b>	<b>90.40%</b>
<b>Airedale Centre for Mental Health</b>	98.69%	96.73%	96.20%	97.37%	97.53%	97.17%	92.46%	91.56%
<b>Lynfield Mount Hospital</b>	98.47%	98.78%	96.20%	100%	99.04%	98.42%	88.78%	89.97%

## Second national gold star for Bradford Care Trust



National charity, the Carers Trust, has awarded a second gold star to Bradford District Care NHS Foundation Trust for community and inpatient mental health services, for actively supporting and involving carers, working with them to improve their experience and for the quality of care for themselves and those they help to look after.

The Triangle of Care membership scheme, run by the Carers Trust, encourages healthcare organisations to commit to improving the experience of unpaid carers whose family

members or others they may provide essential support to are using their services. The scheme's purpose is to develop good practice and ensure that carers are included and recognised as partners in care. Six key standards are set out that the Trust has to show as met with each service being assessed and an action plan developed to provide evidence of meeting the standards.

The award recognises ongoing and new work done since the first gold star was awarded, including the Trust's work during the COVID-19 pandemic to find alternative ways to communicate with and support carers, leading to the launch of carers' social media accounts, including a private Facebook group where carers can connect. The Trust also introduced a carer newsletter to deliver news and developments relating to carers, involvement opportunities and contact details for other organisations supporting carers. Local people who are carers have always been involved with this work, and despite the pandemic, more carers have become 'involvement partners' in the last two years. Roles have included becoming member of committees or working groups focused on quality and improvement, sharing their story with the Board of Directors, and recruiting and training activities.

Almost all of the Trust services in phase one and two have at least one member of staff who is a carer champion. There are 27 carer champions across the Trust's inpatient and mental health crisis services and 28 carer champions across the Trust's community mental health services. The champions are integral to the success of the scheme, as they provide a point of contact for carers as well promoting the Triangle of Care aims to their teams. As partnership is a key element of the scheme, working with local organisations such as Making Space and Carers Resource is essential in helping the Trust to reach out to and support carers.

## **Infection prevention**

It has been another challenging year for the Trust and the infection prevention team during the continued COVID-19 pandemic. The infection prevention team have been vital in guiding and supporting the Trust throughout the year and have provided expert advice sharing best practice, to ensure COVID-19 secure environments for patients and staff members. The team have managed COVID-19 testing for the Trust, and the management of suspected and confirmed cases of COVID-19. The team have worked hard to raise the profile of infection prevention and foster relationships with internal and external partners developing collaborative working arrangements for several projects.

### **COVID-19 PCR Testing**

The infection prevention team continue to run the drive through COVID-19 testing facility at Lynfield Mount Hospital for BDCFT staff members and their household members, to improve access to testing and speed up the results which are received the following morning. This has enabled staff members to have a confirmatory result, which supported staff to return to work as quickly as possible if the results come back negative, as well as supporting staff who were required to continue isolating with access to Infection Prevention and Control guidance alongside a range of bespoke health and wellbeing guidance, bespoke to the Trust.

The infection prevention team also over saw the PCR weekly swabbing of all staff members and patients on the inpatient wards.

### **COVID-19 Prophylactic Staff Testing**

The infection prevention team have continued to oversee prophylactic COVID-19 staff testing for all Trust staff members. This involves the staff member undertaking lateral flow COVID-19 testing twice a week. Lateral flow testing is a self-administered test that detects the presence of COVID-19 viral antigen from the swab sample and is useful in identifying staff who are asymptomatic but are COVID-19 positive. Following a positive lateral flow test the staff member then undergoes a PCR swab to confirm the result. During 2021/22 659 staff members have had a positive lateral flow test which has subsequently been confirmed by a positive PCR test.

### **COVID-19 Contact Tracing**

In May 2020, the government introduced new guidance on track and trace which outlined the need for NHS organisations to undertake contact tracing for all healthcare workers who tested positive for COVID-19. The infection prevention team have been undertaking contact tracing for all staff members who had tested positive for COVID-19 since the guidance was published, as well as undertaking an individual risk assessment to identify if the staff member has any patient or staff members who are contacts and need to isolate. The infection prevention team have undertaken contact tracing with 1379 staff members which has identified 570 contacts, with a range of

reasons for these including not wearing appropriate PPE, not following the guidelines on car sharing and social distancing.

### **Personal Protective Equipment (PPE) Audits**

To protect staff members and patients from transmission of COVID-19 it is imperative that staff members wear appropriate PPE in accordance with infection prevention and control policies. To ensure that staff members were following the trust PPE guidance the infection prevention team worked with the trust clinical audit lead to undertake a piece of work around monitoring compliance to provide the trust with assurance on compliance. The PPE Champion role was developed as a part of this work and has been rolled out across the inpatient wards.

An observation tool was developed and training for the link workers in clinical audit and the tool was provided. Overall good practices were observed, improvements were made with regards to providing staff with more clarity on what the standards and expectations for PPE were by the development and implementation of a quick reference table which shows what PPE is required in various settings and contexts.

### **Seasonal Influenza Vaccination Campaign**

The 2021/22 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 4<sup>th</sup> of October. This year's campaign was particularly challenging due to the ongoing pandemic and the campaign coinciding with COVID-19 booster campaign. The campaign had to be scaled back to ensure it was COVID secure and utilised existing clinic rooms. Although there were restrictions in place the campaign went well and 75% of frontline workers were vaccinated.

### **COVID-19 Vaccination Campaign**

COVID-19 vaccination is an effective defence against COVID-19, and they provide good protection against hospitalisation and death. They also reduce the risk of long-term symptoms from COVID-19. The COVID-19 vaccination campaign within the Trust commenced on the 11<sup>th</sup> of January 2021 and has delivered 1<sup>st</sup> 2<sup>nd</sup> and booster doses with just over 13k vaccines administered. All inpatients are offered the COVID-19 vaccine and to date 95% of all Trust staff members have had two doses of the vaccine.

## Complaints and compliments

### Patient Advice and Complaints service

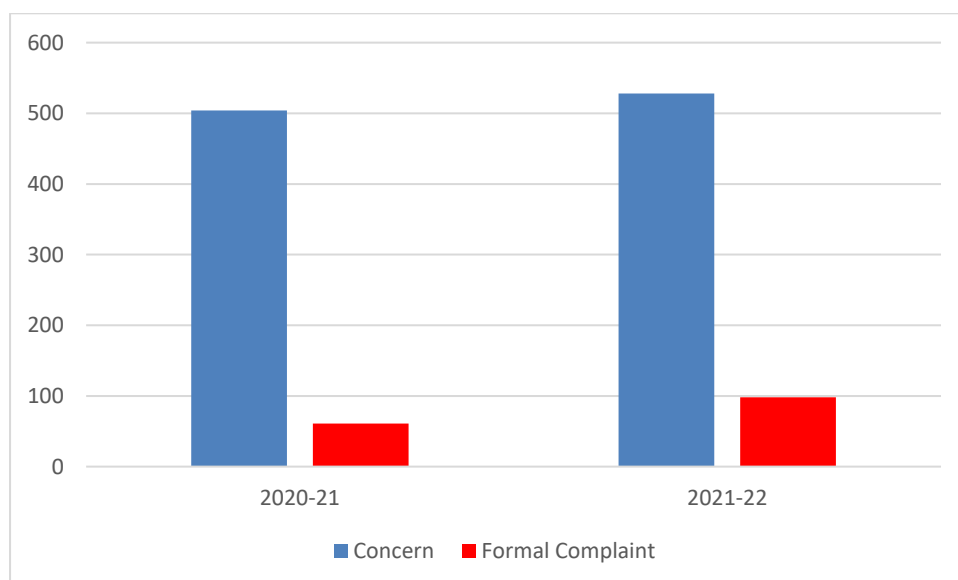
The Trust takes complaints and all forms of feedback seriously, as this is a way to help improve our services.

The Patient Advice and Complaints team supports patients, families, and carers to resolve complaints at a local level. The team works with operational services and the executive management team and as part of this process, complainants are offered a meeting to discuss the complaint. This can include a meeting with a senior manager, director, or the chief executive.

In 2021/22 the service resolved 528 concerns raised by service users or their families. This is an increase on the previous year where 504 concerns were resolved.

People who use our services can also choose to pursue a formal complaint. During 2021/22, 98 formal complaints were received, which is an increase on the previous year, 61 were received in 2020/21. The table below shows the high number of cases that are locally resolved.

Number of cases received 2020/21 to 2021/22:



2020/21 – 2021/22 Top categories of formal complaints received

Category	2020/21	2021/22
Lack of Support	23	83
Information	21	69
Attitude of Staff	11	49
Waiting for Appt/Visit	3	39
Discharge Arrangements	8	23



It should be noted that each formal complaint may have more than one component, therefore the total figures above do not reflect the number of actual formal complaints. It also does not reflect the number of complaints which were upheld.

## **Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)**

If a complainant is dissatisfied with the outcome of a complaint investigation, they are afforded the option to contact the Trust again to explore their concerns and the issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints from individuals who have been treated unfairly or have received poor service from government departments and other public organisations, including services from the NHS in England and provider organisations.

There has been an increase in cases referred to the PHSO and them requesting files for assessment. (1 complaints was referred in 2020/21.) 4 complaints were in 2021/22. The PHSO made recommendations on one complaint and the Trust paid £350 redress and sent a written apology to the complainant. The Trust have provided the complaint files for the three remaining; two are being investigated and one is as assessment stage, decision awaited.

<b>2021/22 data</b>	
Referred in 2021/22	4
Closed - Upheld	0
Closed – Partially Upheld	1
Closed – Not Upheld	0
Intention to investigate/under investigation	2
At Assessment stage	1
Closed at Assessment stage	0
<b>Total</b>	<b>4</b>

## **How we learn from complaints**

Action plans, developed as a result of a formal complaint investigation, are uploaded to the electronic Action Plan module, within Safeguard (the Trust's risk management software). The Trust continues to monitor actions arising from complaints and they are reviewed and monitored in the care group Quality & Operational monthly meeting. In addition to this, learning from formal complaints and locally resolved concerns are shared via the Trust-wide learning network.

## Complaints Review panel

The panel meets twice a year, and membership includes the Patient Advice and Complaints team, a non-executive director, a public Governor, and a Service User representative.

During the meeting a formal complaint, a locally resolved concern and compliments are reviewed using a questionnaire which considers the quality of reports and responses. The Panel has been postponed in response to the national pandemic and will recommence in 2022/23.

## Compliments our services have received

The team continue to collect and record compliments. 261 have been recorded for 2021/22. Examples of some of the compliments we have received during 2021/22 are as follows:

"Its difficult to express my thanks to all the dedicated staff at Bracken Ward. You took someone most precious, broken and defeated and with your care, encouragement and humour, returned her to me mended and shiny, with her trademark smile which i thought i may not see again.  
The smile which I fell in love with all those years ago.  
You didnt just mend her, you mended and healed everyone around her. Love and gratitude to you all"

"I would like to say a massive thank you to all the team for caring for my Dad."

"The care that every member of your team gave to Dad was exceptional, the concern for my Mum was lovely to see and hear and this also extended to myself."

"We certainly could not have undertaken his home care without you all and I just wanted to let you know how much you were appreciated."

"The help received from Camhs got my son back into school after almost two years of being at home and violent attacks on school staff and family members. They gave us all the tools and understanding to help to reduce stress and meet his sensory needs. This service has been invaluable to us and prevented our son from being excluded from school and stopped our family from falling apart. It has vastly improved his life and ours in a short space of time."

"Dad feels SLT's involvement has made a striking difference to son. Dad says SLT nailed down strategies to make progress; son can now identify when he needs help but is also much more confident. SLT is going to work on revision strategies. SLT keeps in touch with NP (Teaching Assistant) to discuss work she has done with son. NP applies the work done by SLT in school. Dad also feels putting son into the Nurture Group was a massive breakthrough."



"I write to say how very much all of us, SU's family, valued the help and dedication that you all gave to making the last weeks of Mum's life so calm and peaceful."

"When I asked Mum how she wanted to pass, as and when the time came, she decided that in an ideal world she wished to die at home, in her bedroom, overlooking her beloved garden. Thanks to you all she achieved her wish."

"We were blessed to have the DNs call every day. We would like to highly praise one DN in particular for being so wonderful. She is very on the ball, very logical, very helpful and a very kind person indeed. She dealt with us as wonderfully as my mother, and was always very reassuring that all would be as well as it could be."

"Brother's would like to mention K, who only came a couple of times when they were there but who brought with her an air of calm and authority that communicated that she definitely know what to do in any situation! Invaluable when one is in unknown territory."

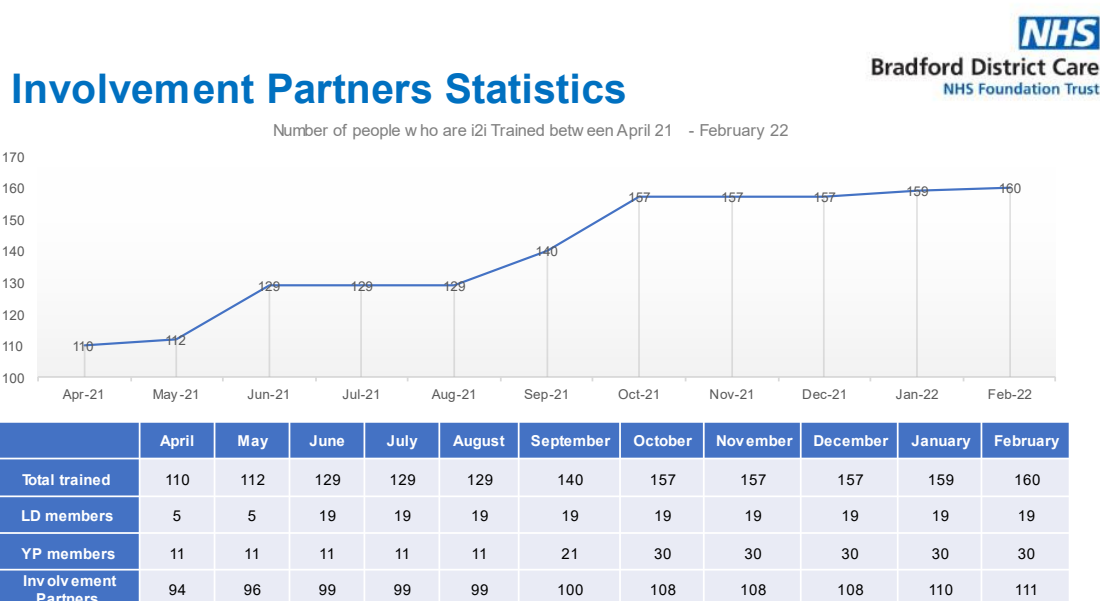
"Both of these ladies are outstanding in their job in terms of both knowledge and client care - both to patient and carer."

"We send you our heartfelt thanks for making the last 4 weeks of our Mum's life as happy and contented as it could be under the circumstances, you all did a wonderful job. With our very kindest regards to you all."

## Involvement

During the second year of the pandemic, work continued to implement our involvement strategy, *Your Voice Matters*, linked to the strategic enabling goals of supporting recovery and wellbeing, connecting communities, inclusion and co-production. Because of restrictions on the ways in which we could work remaining very limited throughout this period, and the ongoing impact of the pandemic on frontline staff's capacity to support work with services, there has been an inevitable impact on progress in some areas. While we continued to involve people as much as we could, and some highlights of this are given below, this was mainly through virtual /online work, with all regular meetings continuing online, and additional ones being added, for example the new Community Mental Health focused 'Activate' forum, which was co-designed and is co-facilitate with two experienced Involvement Partners. With the approval of the Quality and Safety committee, more time and priority was therefore given to consolidation of progress made in year one, rather than prioritising growth and new developments, and to working with existing Involvement Partners on developing knowledge, skills and recognition of their vital role and contribution.

Despite the difficulties in being able to use methods that would draw in more people, we have still seen new people become involved over this period. There has also been continued improvement in the demographic diversity of our Partners, particularly people who have Learning Disabilities, with an excellent collaborative approach with Keighley People First being a key factor in that, and young people, through the Young Dynamos, CAMHS and young adults who are involved in the CCG apprentice 'Young Commissioners scheme.



better lives, together

W: [www.bdct.nhs.uk](http://www.bdct.nhs.uk)

T: @BDCFT

The Trust Wide Involvement Group (TWIG) has continued to meet regularly through virtual meetings. The group has continued to make valuable contributions to many key areas of policy, development and practice, and there has been a positive impact through the change to membership to include some key voluntary sector organisations. This helps to broaden representation and the voice of people in our communities. The Trust now also has representation at the Health Overview and Scrutiny Committee through a nominated TWIG member, further improving our connectedness across the area and the health and social care economy. A celebration event was held in March, including the first annual Involvement Awards, the criteria for which were co-produced.

The i2i network has also continued through a mix of virtual and in-person meetings and have likewise made important contributions to the work of the Trust, as well as providing peer support to members. Plans are progressing to improve i2i induction and other support for Involvement Partners. I2i training is now co-facilitated with an involvement partner, with adapted versions developed to meet the needs of young people and people who have a learning disability.

A new forum - 'Activate' - has been set up through a co-production process, and is co-facilitated by two experienced Involvement Partners and a member of the team. This is specifically designed to involve people who use community mental health services in both increasing the amount, breadth and richness of feedback on those services, and to be involved in improvement work with these services. At present there is one group, but we plan to create another one to cover the Craven area soon.

Activate members took part in training with staff to understand the CQC survey methods and in a coproduction workshop in February to create the Action Plan in response to that

The Young Dynamos have also grown in number this year, and broadened their range of activity, and the Trust is delighted that the strong work they do in relation to involvement in research was recognised by them being finalists for a Royal College of Psychiatry award this year.

TWIG and i2i and other groups contributed to refreshing the Trust policy for reimbursement and payment of those who are involved, bringing their expertise from experience. As a result has been strengthened and made more equitable by removing the discriminatory element of payment linked to age, and broadening the range of activity for which payment can be offered (subject to approval)

Good progress has been made in developing additional supportive learning for those becoming involved to prepare them for the potential emotional and psychological impact of involvement and help them plan how to respond to this should it occur. As well as the reflective learning element we will offer a stepped model of support including developing a self-care plan, access to non-professional support e.g.a

'buddy', and, when necessary, access to a single session of professional support to discuss the experience and if more input is necessary, enable them to access that

There has also be a refocusing of the thrust and emphasis of 'Learning from your Experience (the sharing of the experiences of people who use our services and/or carers at the Board of Directors) is focused on the person's experience and the potential for learning, and increasing the diversity of those whose experiences are shared

There has been a significant emphasis this year on providing (free, high quality) learning opportunities for Involvement Partners, with two groups completing Patient Leader training through In-Health Associates, and a third of places on the Point of Care Foundation Foundations in Patient Experience course being allocated to Involvement Partners.

Our use of social media platforms for involvement and carers have continued to develop and grow and have led to many useful connections being made.

We continued to offer virtual events and other ways to keep in contact to maintain relationships and provide social and/or wellbeing support as many people remained isolated due to the pandemic.

We are now preparing to gradually recommence in person work, with appropriate infection prevention safeguards, which we know will be welcomed by many. Changes in guidelines are already allowing will us to recommence more activity to 'reach in' and 'reach out' and make more progress with achieving the strategy objectives. This reconnecting and rebuilding will be a priority, as will considering using more varied methods to do this, with a strong focus on addressing inequalities.

### **Patient Experience**

The FFT+ survey via Patient Connect has seen some recovery in the numbers offering feedback and there is ongoing monitoring / support offer to services to improve on this, to develop its use and to explore other methods in addition to this. A FFT+ reporting schedule has been established with standardised formats/dashboards and reports developed to meet specific needs. We have also begun touse of Patient Connect for other surveys for specific purposes, for example to review the experience of people cared for in out of area beds to improve assurance of quality and finding a way to map the experience of children who are cared for through the Special Educational Needs service, hitherto impossible, when they use other services; this posed a technical challenge which has been overcome. There have also been multiple improvement made to the platform and new questions co-designed and added to measure experience of key aspects of environment: cleanliness /maintenance / accessibility.

Recently we have been able to introduce thematic reporting of FFT+ with overview and disaggregated reports to help individual services identify and respond to priority/frequent issues.

During the year we began delivery of the Point of Care Foundation 'Foundations in Patient Experience' course. This was adapted for the Trust to meet our aims and include an introduction to the Yorkshire Patient Experience Toolkit (YPET) developed by the Improvement Academy, and to allow it to be delivered to a mixed group of staff and Involvement Partners – the first time this has been done. Completion of this but has been delayed due to the necessity of infection prevention and control measures from December but we aim to complete delivery by June 2022. This month Point of Care Foundation published an article written by one of our Involvement Partners, Helen Pearce, about her 'Involvement Journey'.

## **Supporting and Involving Carers**

Since the last report, a new Carer Experience and Involvement Manager and a Support Officer have taken up post and brought renewed energy, new areas of knowledge and expertise, in-depth experience of dementia care, understanding and lived experience of issues affecting carers in the South Asian community, and other fresh perspectives to this area.

The impact of the pandemic has had prolonged and continued challenges for carers with a heavy impact on the lives of carers/ the person cared for in many ways including their experience of care, involvement, and access to support. At the same time, it has been more difficult to get feedback in some situations and carers have been even more 'hidden' than usual.

This year the Carer Development Group (comprised of staff from across the Trust, carers, local authority, local NHS and carer organisations) has become well established. After deliberation about the need for a fresh vision to connect with, work with and support carers, a proposal went to the Participation and Involvement Strategic Group that, rather than develop a new Trust Carer Strategy, it would be more effective to move forward with development of the BDCFT commitment to the existing Bradford District and Craven Carer Strategy, adding specific objectives to the dynamic action plan to support delivery of the strategy. This approach will align with and complement continued work on maintaining and extending the Triangle of Care (ToC) standards. This was approved and a work programme is now being developed.

Progress through Phase 2 of the Triangle of Care was hampered by the pandemic and staffing issues so moving this forward in the latter part of 2022 was a key priority. The Trust's submission of Phase 2 (which included a Phase 1 update to demonstrate continued commitment and improvement) was completed. The peer review took place in December 2022, with input from the Chief Executive, the

Director responsible for the area, staff from services, carers involved in the relevant services, and the TWIG Co-Chair, leading to the award of a second Gold Star from the Carers Trust. The Carer Trust Triangle of Care Project Manager commented in the feedback that ***“Your trust is clearly committed to improving the carer experience”***. We are therefore delighted to be able to report that the Trust was successful in this submission and gained its second gold star in the Triangle of Care. Planning for the roll out of Phase 3 of ToC is underway and will begin in summer 2022 in Adult Physical Care.

Throughout the year contact carers and social support online channels have been maintained. We now have more carers than ever as Involvement Partners and carers accessing courses through us to develop their knowledge, skills, and confidence. Opportunities to highlight the voice and experience of carers have been diversified. For example, in December, the TWIG meeting was dedicated to carers and included a panel of carers, staff from relevant VCS organisations and BDCFT Carer Champions addressing key carer issues and answering questions from the group. Also, three recent Board of Directors ‘Learning from your Experience’ patient/carers stories have been by or included carers and have covered a diverse range of experiences including dementia care, children with special needs and the low secure inpatient unit.

Connections with carers, our services where carers are especially significant, carer organisations/groups are strengthening and widening gradually, and will continue to be a priority. We have been particularly encouraged by support from the local authority, Making Space and Carers Resource; HALE are now members of TWIG and we have reconnected with Carers Resource in Craven, the Dementia Unit and Admiral Nurse service, low secure service, Alzheimer’s Society and Meri Yadain (BAME Dementia organisation).

This period has seen both positive growth, impact and development, despite many challenges and frustrations, and tribute should be paid to all those who have given their expertise by experience, energy and time to contribute, particularly those people who use our services, unpaid carers, staff and partners in the community.

## **Well Together (formally Champions Show the Way)**

Prior to the COVID-19 pandemic, Champions Show the Way had over a number of years grown to a maintained level of delivery of 150 volunteers delivering more than 70 health and wellbeing activities in the Community. In the year before COVID-19 (19/20) the service delivered 2551 sessions with 1711 individuals attending those activities 27,039 times.

The service and all volunteers were completely stood down throughout the three periods of pandemic lockdowns. During these periods the service was able to establish some virtual groups to support volunteers and group participants, and as restrictions allowed re-opened groups. Starting with the walking groups which were limited initially to 6 people, with this number slowly increasing over time. The reopening of indoor groups was more restricted with limited numbers, social distancing and face masks, restrictions which are still in place in March 2022.

Despite these challenges the service has achieved a significant amount in the last year as it has reopened and rebuilt.

Of the 150 volunteers, the service has retained 116 and recruited 18 new volunteers, total 138. (KPI 150)

- 107 are active, and
- 27 are still rested and waiting to return

This has enabled the service to open 44 activities (KPI 70)

20 virtual and face to face groups, such as Bereavement support, Fibromyalgia support and CFS/ME support groups, creative writing, creative arts and ladies sewing groups.

24 walking groups, the largest of which has 40 members.

As numbers within groups have remained restricted existing members have been prioritised. At times groups have split and been delivered twice to enable more people to access the activity. As a result, many groups have not been able to accept new members which has impacted referrals to the service and how many new people have participated. The annual KPI is for 600 new people to access an activity more than twice. This year the service has received 227 referrals, with 92 new people accessing an activity. Some people are still awaiting places on activities. Including the existing group members, a total of 838 people have attended the 1186 sessions delivered this year 11,233 times.

## Volunteering

In early 2021 the Volunteer Service welcomed 4 new members of staff which has significantly shifted the capability and capacity of the volunteer service to deliver high quality, fully supported volunteering into a number of service areas and more broadly across the Trust. To reflect the growth and aspiration for volunteering in autumn 2021 the new Volunteer Strategy was launched. The Volunteer Strategy for 2021-24 focuses on embedding an effective and supported volunteer culture to enable the Volunteer Service to develop and scale up new and existing volunteer opportunities across the Trust, ensuring individual volunteers and the organisation can realise the full positive impact of volunteering.

- Volunteers will be supported to realise their full potential by establishing their volunteer pathway, whether to support recovery, for future career opportunities or for personal wellbeing.
- The organisation will innovate, celebrate and embed, ensuring volunteering is a proactive enabler in achieving its strategic programmes. Priority areas include:
  - Recovery - by increasing the provision of therapeutic activity and volunteering becoming part of the recovery pathway for individuals.
  - Future Workforce – from inspiring young people to consider health as a future career option to providing volunteer to career opportunities for people ready for work.
  - Post-pandemic – to support individuals and our communities back to health in the recovery from COVID-19 through volunteer activity.

During the last 12 months volunteering has slowly reopened with new roles being established. There has been a focus on supporting the Therapeutic Volunteering programme within inpatient, and the new baby clinic role for the Volunteer To Career Project. We also secured funding and launched a new Volunteer Check In and Chat service to support patients in District Nursing, Community Matrons and Palliative care who are isolated. We now have 71 volunteers active across these roles and others across the Trust, working towards a target of 150 maintained volunteers by the end of 2024. We have also supported the NHS Cadets programme delivered by St John Ambulance for a second year.



The Volunteer service have also completed significant work in improving our governance processes to ensure volunteering within the Trust is well led, this has included deploying Assemble, a volunteer management system, the National Volunteer Certificate as our induction training, and fully updated the volunteer policy to reflect all the changes.



## Re-Launch of our Charity – Better Lives

The Charity Strategy was launched in the Autumn of 2021, the aim of the strategy is to increase funds going into the Trust charity and therefore increase charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity.



The charity has delivered a significant increase in activity during the year, both in income and expenditure as well as supporting projects across the Trust. The team delivered 9 fundraising events with 50 participants, along with 16 individuals taking on their own fundraising challenge to support Better Lives. The Charity applied to 9 external funders with 5 of these applications successful, the largest of these from the Morrisons Foundation who granted £24,000 to purchase R.I.T.A a therapeutic device to support the care of patients on the Dementia Assessment Unit and Bracken Ward. We also engaged a number of corporate supporters including P.E.C for who we are charity of the year for 21/22/23. P.E.C have fundraised, attended our events and provided equipment, resources and staff time to help set up the EIP allotment.

The Charity has received 137 applications for funding this year with 117 approved with a value of £63,012.85. The Charity has funded a range of therapeutic projects including an Allotment for EIP, resources for the library, music therapy for DAU, the printing of an anthology book created by EIP patients and display cabinets for service user art exhibitions at Lynfield Mount. To support staff wellbeing the charity funded the Lively up Yourself programme and Thanks A Bunch Award.

## Board 'Go See' Visits

### Impact of COVID-19 on Board quality and safety walkabouts

In March 2020, the existing process for Board visits to wards and services was temporarily paused when social distancing regulations and infection prevention and control guidelines were applied due to the COVID-19 pandemic. Subsequently, the Executive Management Team have undertaken regular contact and engagement with teams and services, through a number of different channels, to understand challenges and check on welfare. One of those channels has been virtual engagement visits where teams are invited to join a 30-60-minute focussed Microsoft Teams Meeting where they were able to have conversations with Executive Managers about their concerns and successes, which proved very useful in supporting two-way dialogue.

### The 'Go See' Framework

During 2021-22, the Board has continued to carry 'Go See' visits which incorporated quality and safety walkabouts. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

Go See visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

**Know your Business** – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

**Run your Business** – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

**Improve your Business** – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of

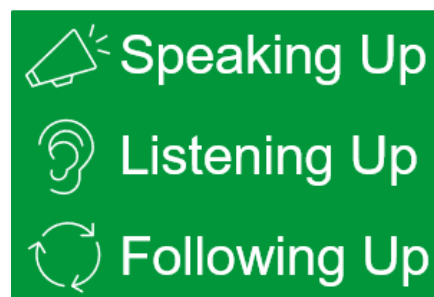
services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

This approach was successfully piloted between January and March 2021 and has since been rolled out across the Trust, with the Board being involved in the following types of Go See visit.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive Directors
Committee planned visits	Planned visits relating to specific themes under discussion at Board or Committee.	Non-Executive Directors with Executive Directors An option to be observed by Governors to provide an opportunity for NED assurance. However governor availability has generally precluded their attendance to date.
NED/ED planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning).	Non-Executive Directors with Executive / Associate Directors An option to be observed by Governors. However governor availability has generally precluded their attendance to date.
Chair/CEO visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / CEO

## **Freedom to Speak Up - Raising concerns within the Trust**

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviour standards and work around our fair and compassionate culture. Our aim is to create an environment and culture in which speaking up and listening up are both business as usual for all our staff, and where raising concerns results in improvement.



### **Different ways staff can speak up**

People are encouraged to speak up through their line management structures in the first instance or through safeguarding, human resources or by any other means they wish. However, we recognise that this is not always possible and so when these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Guardian is available. The FTSU Guardian is independent and impartial, and has direct access to the Chief Executive, Chair, Non-Executive Director and Executive Director lead for FTSU. FTSU Ambassadors are also available to colleagues to support them in identifying where to take their concerns, but do not manage cases themselves.

This year the use of the Executive Broadcasts via MS Teams continued to be a further way that people can raise queries (either openly or anonymously) directly to the Executive Team. Where possible, these queries are answered during the session, in other instances they are made into FAQ documents and circulated to all staff following the briefing. The Trust also has in place a 'Work in Confidence' system which allows staff to report concerns anonymously into the most appropriate senior manager who can respond directly to the individual online. The conversation is only closed when the individual is satisfied that their concern has been adequately addressed.

Things that staff have spoken up about and provided us with an opportunity to improve include patient safety, staff safety, failure to follow correct processes, understaffing, wrongdoing, biased recruitment, and bullying/cultural issues.

### **How feedback is given to those speaking up**

Feedback is given via the FTSU Guardian or directly by the relevant manager within the service concerned, the relevant Executive Director or Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been investigated or responded to, any changes that have been made to processes and systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy is also aiming to improve the feedback we give to staff across the organisation, not only to raise awareness of FTSU, but to feedback using a “You Said, We Did” approach.

### **How we ensure staff who speak up do not experience disadvantageous and/or demeaning treatment (‘detriment’)**

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result of doing so. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up Guardian and/or using the ‘Work in Confidence’ system. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of staff contacting the Guardian anonymously, with a low number being an indicator of staff’s confidence in the system. We also monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our user survey and take measures to address this. Anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO).

### **Improvement work**

Our leaders are committed to a ‘speak up, listen up, follow up culture’. To support this, in October 2021 the Trust appointed a new standalone FTSU Guardian whose hours increased to 0.8WTE from January 2022. The hours of the Deputy Guardian have also been increased to 0.4WTE to reflect the support required to this important area.



#### **➤ Executive Engagement**

In December 2021 the FTSU Guardian ran a Board development session which focused on key elements from the NHS Improvement self-review tool for Boards, and on developing a vision for a new FTSU Strategy.

#### **➤ Policy & Strategy**

This year we reviewed our FTSU policy to ensure it is accessible to all. We have also launched a consultation on the new draft strategy which we aim to publish later this year.

#### **➤ Communication Plan**

The FTSU communication plan has been reviewed and revised to accommodate the ongoing challenges of COVID-19 and further improve the way we ensure that the FTSU message is communicated widely to all staff groups. This includes methods

such as e-Updates, monthly rotating screensavers, new promotional materials (posters, leaflets and business cards), virtual presentations, use of social media and messages in payslips, as well as starting to re-introduce face-to-face contact, where appropriate.

➤ **Case monitoring**

We aim to continually improve and have revised our Standard Operating Procedure and documentation to facilitate rapid responses from managers whilst at the same time supporting them in their role. We have also revised our case tracker in line with NGO guidance to improve the data we collect and therefore the information presented to inform decision making.

➤ **Ambassadors**

Our previous FTSU champions model was reviewed and stood down, and during 2021/22 we recruited to a new model of Speak Up Ambassadors. The Ambassador role supports the Guardian and deputy in reaching hard to reach groups of staff, promoting the speak up/listen up message, and signposting staff to different routes to speaking up, including the Guardian route.

➤ **FTSU Portal**

The FTSU Connect pages on the Trust intranet have been reviewed and updated to ensure they contain all the relevant information somebody may need if they are thinking about contacting the Guardian. A new bookings system has also been introduced allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them.

➤ **Training**

The Trust took the decision to mandate the National Guardian's Office "Speaking Up" eLearning earlier this year. The "Listen Up" eLearning package for managers is also available via ESR. The Guardian has been working with the Leadership and Organisational Development team to incorporate the speak up/listen up message within the Bradford Manager training and consider where else we may be able to promote this learning. A new guidance document for leaders on responding to concerns has also been developed and shared to help support colleagues in difficult conversations and promote best practice approaches.

## Quality Improvement System



### Introduction

Bradford District Care Foundation Trust has been working hard to bring our continuous improvement system to fruition across the Trust. The improvement system is more commonly identified across the organisation as The Care Trust Way, defined as:

*“A way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth”.*

The Care Trust Way (CTW) is how the organisation has committed to delivering the Trust strategy, “Better Lives Together”. The CTW is also a vehicle that brings our values and behaviours to life, through a way of working with respect for people at the core.

The CTW has been in place for a little over 2 years now with remarkable success. The pandemic has highlighted more than ever the importance of working together to promote improvement, innovation and problem-solving. The CTW has been at the forefront, guiding, supporting, and empowering teams through such extraordinary times.



The Care Trust Way is more than just Quality Improvement (QI), it is a holistic approach to organisational transformation with 4 main pillars at its centre. The CTW is built on a foundation of strong values and beliefs. All pillars are vitally as important as each other and what will drive the organisation forward. It is also important to



recognise that these pillars are not the responsibility of one person or team, more a demonstration of the co-production across teams that allows the CTW to be more than a methodology, it is *“the way we do things around here”*

### ***Organisational capability and training***

Building capability within the organisation and specifically within services and teams is one of the key objectives of the CTW. There are several courses available for staff to access, including online material.



With a commitment to delivering the Care Trust Way training across the Organisation, it was imperative that alternative methods were employed during the pandemic. The normal practice involved face to face training groups, this was no longer possible. Some trainees were mid-course when the pandemic struck, training via MS Teams was offered with good feedback. However, it became apparent that there was the potential for further improvement in the delivery of the training material. The idea of an online training package emerged. The training has been developed into an interactive journey that anyone can start via the CTW website, whilst there are still other modules to complete, we believe this is the beginning of a truly interactive and informative online training experience, accessible to all, at a time that suits.

We will continue to grow and develop the organisational capability of our leaders, frontline staff, and support service to ensure we're providing the best possible care. In addition, a QI community will be launched for those that are trained in the methodology to come together to share ideas, good practices, and experiences of improvement activity throughout the organisation. We realise the strong connections with Organisational Development (OD) and the close working relationships needed to take the CTW to the next level and this will be further developed over the next 12 months.



## ***Improvement activity – Highlights, what we have achieved***

### ***Community Vaccine Centre support***

The CTW was front and centre when the trust led on the opening and running of two community vaccine centres in the city of Bradford, the trust and system partners worked together to set up and continuously improve the flow and processes to ensure a seamless and successful vaccine program for the population of Bradford.

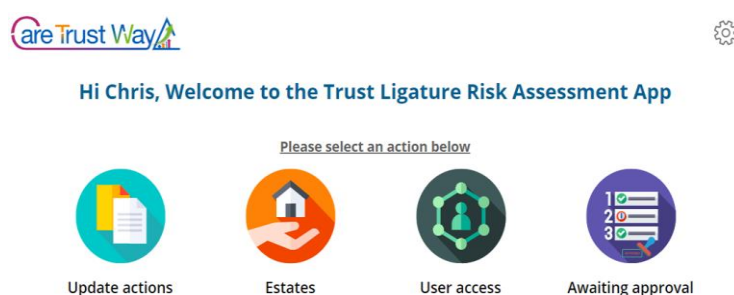
### ***Inpatients Keys RPIW***

Having staff equipped and prepared for the start of their shift is a vital part of any inpatient ward but even more so in mental health wards. This was a time-consuming process and left staff feeling frustrated and not prepared for the shift ahead. The RPIW was a really successful piece of work bringing different teams together to improve the process, collecting the kit now takes a few minutes and is a simple and accurate process for staff while also ensuring a safe environment for our service users.

*“This is one of the most impressive RPIWs I have seen, the challenges have been around for years, and the results speak for themselves” Patrick Scott, COO.*

### **Ligature Risk App**

The ligature risk assessment app was a collaboration between Estates, KPO and IT, to help with a serious but repetitive and time-consuming task. The app was born from a possibility thinking session, designed to make life easier for all involved, whilst providing better, real-time, and digitally secure legislative data to the trust and the CQC.



### **PPE App and Dashboard**

With the emergence of COVID and the increased demand for personal protective equipment a system was required that would allow staff to record stock levels and reorder much needed PEE quickly and accurately with a 24-hour turnaround time. The app also helps to understand and calculate the use for all teams across the organisation. Working with colleagues in infection prevention, Facilities and KPO the development of the digital app proved to be the most effective and efficient way of supporting the organisation. The app works in real-time providing live updates and ordering, resulting in the delivery of stock to teams on the day of requirement and reporting into the trust dashboard and into the regional PPE stock level system.

## **Time to Think**

We all lead busy lives and in a digital world this can seem more hectic, demanding and cramped than ever so we are even more committed to supporting and encouraging 'Time to Think'. Officially these are 30-minute slots available every day

of the week, to any member of staff, to book time with a coach to discuss anything they may need help with. These have successfully been used to help with an improvement challenge, workshop planning, agenda-setting and even job applications. We will continue to offer and support Time to Think sessions as an important tool for the organisation.

Above are a few of the examples of work where the CTW has been used to help, but more exciting is all the other pieces of work going on around the organisation highlighting where the CTW is empowering staff to think about the services they provide and how they have the ability and support to be able to think differently about how they work and how they provide outstanding services for our service users.

There are lots of exciting new initiatives and plans for the year ahead and we're looking forward to seeing what our staff can do for our services as we continue on our journey of improvement and to outstanding.

## 14. Performance against our quality goals for 2021/22

Since March 2020, service delivery and improvement has been in the context of responding to, and working within, the limitations of the COVID-19 pandemic. This has presented many challenges in terms of adapting service delivery models, supporting staff and our communities, and managing the challenges of a workforce who are themselves personally impacted by the pandemic. It has also placed extra burdens on leaders and managers across the NHS as they have been required to take on additional responsibilities, including enhanced reporting, adapting services and environments, and working in new and different ways with partners. In light of this, many national and local reporting requirements were suspended, and the priorities of services and their leaders were redefined.

Building on the learning from working differently during 2020/21 and reflecting on the changes to the delivery environment for Trusts – including the proposed changes to the CQC regulatory approach, the move to disband Clinical Commissioning Groups by April 2022 and move their statutory functions to new Integrated Care Systems (ICS – our Trust sits within the West Yorkshire and Harrogate Health and Care Partnership ICS), and the development of local Integrated Care Partnerships (ICP - our Trust is involved with the development of the Bradford and Airedale ICP), the Trust has reflected on how its quality goals align to those of the wider system.

The in-year strategic objectives and quality goals for the Trust include the following:

### **Strategic Priority: To deliver the Best Quality Care**

**Strategic Objective 1: To engage with our patients and service users, ensuring they are equal partners in care delivery.**

#### **What have we done?**

The Trust monitors progress on a monthly against the Board Assurance Framework objectives, of which this is one. In order to improve how we engage with patients and service users to become equal partners in their care we have progressed a number of actions throughout 2021/22. These are outlined below:

- We have a strategy in place 'Your Voice Matters' which guides how we use opportunities to involve patients and service users in all aspects of care and service provision. There is an action plan associated with the strategy outlining how we are making improvements to our involvement activity, and new training has been introduced for service users, carers and patients to become Involvement Partners and help to inform service improvement.
- We will be reviewing the strategy in 2022/2023 to reflect the impact of covid restrictions on face to face involvement activity, and to reset it's objectives.
- We have undertaken routine audits of care plans and risk plans to ascertain how we are performing against our ambition to engage all service users, patient's and carer's in their own care. In 2021/2022 the results of these audits

highlighted that there are areas of outstanding practice but still areas for improvement and this continues to be a priority.

- In September 2021 the Trust Board approved a new Volunteering Strategy for 2021-2024, which focuses on embedding an effective and supported volunteer culture so that the Volunteer service will develop and increase new and existing volunteer opportunities across the Trust. It supports the national guidance within the NHS Ten Year-Plan and Interim People Plan to have a flexible and adaptive workforce which includes volunteers; this includes a focus on programmes in deprived areas and for those with mental health issues, learning disabilities and autism
- In 2021/2022 we also introduced the role of service user (expert by experience) and Co-Chair of the Trust Wide Involvement Group to enhance service user involvement opportunities.

A major achievement in 2021/2022 was our accreditation with phase 2 of the Triangle of Care membership scheme run by the Carer's Trust. The Triangle of Care scheme encourages healthcare organisations to develop good practice and ensure that carers are included and recognised as partners in care. Six key standards are set out that the Trust has to demonstrate as met with an associated action plan for development to meet all standards. We will be preparing to apply for phase 3 accreditation in 2023.

**Strategic Objective 6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.**

In 2021/2022 the Trust continued to develop its financial plans to ensure stability for the organisations contracts and resource priorities. We have been actively involved in planning and agreeing priorities for resources at Place (across Bradford) and the Integrated Care System (across West Yorkshire).

We are committed to the Act as One programme which is the guiding principle of how we work together across the health, care, community, voluntary and independent organisations in Bradford district and Craven, and in 2021/2022 we continued to support the development and delivery of joined-up health care with our local communities, to better meet people's needs.

The TWICS (Together We Improve, Create and Sustain) programme was established in July 2021 to co-ordinate, oversee and enable the delivery of Trust transformation programmes and projects to improve services for our communities, create the best place to work for staff and ensure our Trust is financially and environmentally sustainable.

**Together we will**

**Improve** – the quality and performance of services delivered by our Trust, by working to support transformational programmes and projects to achieve their aims.

**Create** – capacity and expertise to deliver transformation which meets our Trust's short, medium, and long-term aims for seamless access to excellent, quality-driven care and creates the best place to work for staff.

**Sustain** – our Trust's workforce, finances and environment so we are fit for the future.

The details of the individual programmes of work are described below:

### **Delivering coordinated care for children and YP to support improved outcomes**

We will work together as a trust to identify key points of intervention where coordinating activity across our services will lead to improved outcomes for children and young people by reducing duplication, ensuring a holistic approach to supporting children and YP and making every contact count.

#### **Together we will**

**Improve** – access to well-coordinated, trauma-informed care for children and young people and their families, including those who are most vulnerable or have complex needs or disabilities.

**Create** - an integrated children's service, to deliver seamless, holistic care to meet physical and mental health needs, as well as supporting the emotional wellbeing of children from birth to 19 years.

**Sustain** – a competent, motivated, capable, well-trained workforce which meets the needs of children and young people, their families and carers across all our communities.

### **Delivering the Community Mental Health Framework**

We will work with primary care networks and other partners across place and the ICS to ensure service users experience mental health services that are ambitious in their use of community assets, delivered in a timely way, are psychologically informed, provide seamless transition between packages of support and where there is no 'wrong front door' into accessing support.

#### **Together we will**

**Improve** – the approach to mental health support so our system can respond effectively together

**Create** - integrated services across our communities, aligning mental health services with primary care networks to enable flexible, integrated, physical and mental health care and support; improve access and transition for service users; and deliver shorter waiting times.

**Sustain** - a competent, motivated, capable, well-trained workforce which meets the mental health needs of people across all our communities and ensures rehabilitation and recovery is delivered as close to home as possible.

### **Delivering the NHS Long Term Plan in Community Health Services**

The transformation of community services is a key priority within the NHS Long Term Plan (LTP) . Together we are developing community services that support urgent care; anticipatory care; discharge and recovery; enhanced health in care homes and the community services data set, vital in demonstrating improvement. We aim to establish fully integrated, multi-disciplinary, multi-specialism community teams, aligned and co-located to either urgent or planned community care and supporting early discharge from hospital. We will also develop neighbourhood teams which reflect primary care network populations and deliver integrated care to meet the needs of those local populations and target the greatest health needs.

### **Together we will**

**Improve** – community services aligning them to our primary care networks, care home and communities so we can better support urgent care; anticipatory care; discharge and recovery; and enhanced health in care homes

**Create** - fully integrated, multi-disciplinary, multi-specialism community teams, aligned and co-located to either urgent or planned community care and supporting early discharge from hospital; and neighbourhood teams which reflect primary care network populations and deliver integrated care to meet the needs of those local populations and target the greatest health needs.

**Sustain** - a competent, motivated, capable, well-trained workforce which delivers high quality community services across all our communities.

### **Reconfiguring our community estate**

The way in which the NHS provides and manages care is changing, with organisations working more closely together to deliver integrated services. These new, more collaborative ways of working offer opportunities for our Trust to reconfigure our estate, working with our partners so we can adapt to and support the delivery of integrated, high-quality care for patients and service users, whilst improving environmental and financial sustainability.

Together we are working to establish a number of ‘hubs’, with a network of ‘spokes’ in key neighbourhoods to support our Smarter Working, Digital and Workforce Optimisation projects and enable the implementation of co-ordinated care for children and young people, the Community Mental Health Framework and the NHS Long Term Plan in Community Health Services.

## **Together we will**

**Improve** – our portfolio, reconfiguring our estate to adapt to and support the delivery of integrated, high-quality care for patients and service users, whilst improving environmental and financial sustainability.

**Create** – a hub and spoke network of premises to support our Smarter Working, Digital and Workforce Optimisation projects and enable the implementation of co-ordinated care for children and young people, the Community Mental Health Framework and the NHS Long Term Plan in Community Health Services.

**Sustain** – a diverse, mixed portfolio of accommodation, reducing the burden of premises that are not fit for purpose and environmentally and financially unsustainable.

## **Smarter Working**

The necessity to work differently during the COVID-19 pandemic triggered fundamental changes to how staff across our Trust and our Place work and deliver services. These more flexible ways of working are now being embraced to help improve service delivery, providing staff with a better work-life balance and support the long-term sustainability of our Trust.

## **Together we will**

**Improve** – how we work across the Trust and with our partners, embracing smarter, more flexible ways of working to improve service delivery, provide staff with a better work-life balance and support the long-term sustainability of our Trust.

**Create** – the worker profiles, team charters, policies and procedures for improved service delivery which underpin smarter working across all roles in our Trust.

**Sustain** – corporate and clinical workforces which are able to deliver high quality services for our communities working effectively with our partners across our Place and care system.

## **Clinical workforce optimisation**

Our clinical workforce is central to the ongoing delivery of high-quality services for patients and service users. We are creating a Clinical Workforce Strategy aligned to our plans for service delivery over the next five years and beyond, which also supports our 'Best Place to Work' ambitions.

## **Together we will**

**Improve** – our clinical workforce ensuring we make the best use of the talent we have, developing new clinical roles across our workforce, offering clear opportunities

for progression and aligning professional and medical strategies to our Clinical Workforce Strategy.

**Create** – a Clinical Workforce Strategy aligned to our plans for service delivery over the next five years and beyond, which also supports our ‘Best Place to Work’ ambitions.

**Sustain** – talented staff in clinical roles across our workforce so we can deliver high quality services across all our communities.

### **Corporate services optimisation**

Our corporate services support operational teams and provide specific corporate functions. As service delivery becomes more integrated and we work more closely with organisations across our Place, we are creating a Corporate Services Strategy which aligns with these evolving ways of working and our Trust’s ambitions, including ‘Best Place to Work’.

### **Together we will**

**Improve** – our corporate services to ensure we continue to support operational teams to deliver high-quality services for all our communities as those services evolve to become more integrated and cross-organisational.

**Create** - a Corporate Services Strategy which aligns with these evolving ways of working and our Trust’s ambitions, including ‘Best Place to Work’.

**Sustain** – a competent, motivated, capable, well-trained corporate workforce able to effectively support our operations as they evolve into the future.

In 2021/2022 the Trust’s Green plan was approved by Board. This plan supports the National NHS England Greener NHS programme, with the aim of BDCT being recognised as a leader in sustainability and environmental improvements within the NHS and our local community.

The Green Plan objectives include embedding a Trust-wide approach to sustainability and supporting all services to consider the environmental impacts of everything we do. Reducing carbon emissions, consumption and waste are key objectives to have make a positive impact on our people and communities.

An example of this are the additional electronic car charging stations that have been installed to enable more staff to charge their cars whilst at work.



## **Strategic Priority: Healthy as Possible**

### **Strategic Objective 3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)**

In April 2021 the Board of Directors approved the development and implementation of a refined Quality Assurance Framework (QAF). The Key lines of Enquiry were subsequently developed with a structured framework for services to self-assess themselves against the standards which are reflective of the CQC domains and Key Lines of Enquiry.

The final Framework was reviewed in November 2021 and a pilot programme of QAF visits planned with the first one undertaken in February 2022. A workplan is in place to continue testing of the framework into 2023, to ensure the intended consistent approach to interrogating evidence and assessing progress is embedded. This assessment will then be used to identify local quality objectives and drive quality improvement plans.

The Trust was able to refresh and re-set it's programme of Rapid Process Improvement Workshops and Care Trust Way training in 2021 to support service and quality improvement initiatives, following a step down of some of this work as a direct impact of the Covid pandemic.

Progress was made with the drive to be a learning organisation in 2021 with some specific achievements in relation to patient quality and safety:

- BDCT Patient Safety Strategy approved and published
- A live learning intranet site published with links to the Patient Safety Strategy and quality and safety initiatives and resources
- A programme of development commenced to enhance skills in identifying learning from patient safety incidents and complaints, improve the quality of investigations and support the development of a learning culture
- Preparations in place to support the transition to the National NHS Patient Safety Incident Response Framework (PSIRF)
- A clinical strategy developed to enhance the strategic approach to professional practice was published in March 2022
- A training programme on Human Factors was developed and piloted to support the Just Culture work and enhance the Trusts focus on learning, this will be further progressed for roll out in 2022/2023
- A standard operating procedure developed for the Go See visits which identify key learning and opportunities for quality improvement programmes

Further developments into 2022/2023 are planned to progress the preparations for transition to PSIRF and build a robust network of patient safety champions in BDCT. Work has been started in 2021/2022 across Place (The Bradford system) with partner organisations to establish a consistent approach to safety and learning.

## 15. Performance against our mandated indicators for 2021/22

### Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS Improvement, in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	58/.3%	58.6%	91.9%	92.9%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	73.0%	77.0%	74.0%	75.9%
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery	50%	50%	51%	49%	52.9%
Improving access to psychological therapies (IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	94.5%	91.5%	91.5%	90.1%
Improving access to psychological therapies (IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	100%	100%	99.1%	99.0%
Admissions to adult facilities of patients under 16 years old	0	0	1	0	0
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		2228	1901	2197	1890

***\*The performance of the above indicators is reported and monitored throughout the year.***

## 16. Priorities for quality improvement for 2022/23

The next year will continue to bring both challenges and opportunities for the trust. Alongside the ongoing management of the impact of COVID19 in terms of infection prevention requirements, the legacy of reduced staff resilience and wellbeing and the increased demand for services, the NHS is moving to a place of increased integration and collaboration across health and social care. A focus on high quality services, population health and ensuring services hear the voice of the service user is key to delivering in new and more integrated ways for our communities.

The strategic objectives for the Trust have recently been reviewed in line with the Trust Board's business cycle and bring with them a continued focus on continuous improvement, patient and staff engagement and empowerment and a need to work differently with partners and communities. The objectives for 2022/23 are described following:

### 1. Ensuring patients and service users are equal partners in delivery

Continuing on from the 2021/22 objective, the trust will have an increased focus on embedding a curious practice in relation to lived experience and working with service users to develop and implement strong pathways for personal growth, including pathways into employment. The focus this year will include creating roles of people with lived experience at all levels within the trust, ensuring this important voice is considered in areas such as recruitment, transformation, service redesign and quality improvement. In addition, we will work with services to develop and strengthen opportunities for service users across our organisation, including pathways leading from volunteering opportunities and peer support roles to paid employment and opportunities to engage in professional career pathways.

### 2. Nurturing and developing our people

We will continue to prioritise our People strategy, recognising that supporting and developing our staff is more important now than ever. We will continue to focus on embedding an inclusive and compassionate culture across the trust, with accessible staff development programmes, a focus on talent management and ensuring staff are appropriately skilled and empowered to make decisions. This year will bring a focus on doing things differently – new roles and opportunities and new ways of working across pathways in partnership with other health and social care organisations.

### 3. Maximising the potential of services to deliver outstanding care to our communities

We are ambitious for our services, with the desire for them to be the best they possibly can be, but we know that the wellbeing, capacity and resilience of staff, and therefore their ability to engage in transformation, has been significantly impacted by the demands of the past 2 years.

Building on our recent CQC report, we will continue to focus on innovation to improve our services where this is the right thing to do. Using the techniques and approaches of the Care Trust Way, we will support services on their journey to outstanding at the

pace that best suits them and their service users, ensuring that we develop 'communities of care' around services on their improvement journey.

More broadly, we will work with partners across the Bradford and Craven place to develop and embed a culture of continuous improvement, supported by recognised quality improvement methodologies, across all our care pathways. We will do this by focussing on collaboration, sharing our knowledge, skills and techniques and ensuring the voice of our community is embedded in everything we do.

## 17.CQUINS 2021/22

The delivery of CQUIN's was stood down by NHSE in 2020/21 and 2021/2022 in response to the pandemic. For 2022/23 they have been reinstated and were published by NHSE in March 2022, of these three have been included in our contracts in agreement with our commissioners.

1. CCG1 – Achieving an 90% uptake of flu vaccinations by frontline clinical staff with patient contact
  - Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of the NHS
2. CCG11 – Use of anxiety disorder specific measures in IAPT
  - By ensuring that appropriate outcome measures are selected during the assessment process, this makes sure service users receive the most appropriate therapy and safeguards against inappropriate early discharge and adverse consequences
3. CCG14 – Assessment, diagnosis and treatment of lower leg wounds
  - To ensure service users with lower leg wounds receive appropriate assessment, diagnosis and treatment in line with NICE Guidelines

1.25% of our contract income is conditional on achieving the quality improvements and quality goals identified in each of the CQUINs. Further details of the agreed goals for 2022/23 are available electronically at [B1477-i-cquin-22-23-march-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publications/B1477-i-cquin-22-23-march-2022.pdf)

## 18. Stakeholder Commentaries



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care NHS Foundation Trust quality report for 2021/2022.

As the independent champion for people using health and care services, we welcome the work to ensure the voices of patients and service users are heard, despite the ongoing difficult circumstances imposed by the COVID-19 pandemic and its legacy. We're pleased to see the development of the 'Your Voice Matters' involvement strategy and action plan and the growth of other service user involvement initiatives across the trust, including the new service user (expert by experience) Co-chair of the Trust-wide Involvement Group (TWIG).

We also welcome Healthwatch Bradford and District's involvement in TWIG, which is representative of our respectful and positive relationship with the trust. This means we are able to have open and honest conversations around people's experiences of the trust's services – both directly and through robust challenge on Bradford Council's Health and Social Care Overview and Scrutiny Committee.

The ongoing commitment to listening to patients' and service users' experiences is welcomed, because we know that high-quality feedback is the key to understanding the crucial details of the issues faced by those accessing services. We look forward to ensuring that the voices of those who share their views and experiences with Healthwatch are heard and that their feedback leads to meaningful improvements.

Currently, the feedback Healthwatch is receiving in Bradford district reveals some worrying trends. Considering our area's proportionately high population of children and young people, we are troubled that the stories we're hearing around children and young people's mental health are growing as a proportion of the overall feedback we receive about all health and care services. As well as sharing personal experiences, more people are contacting us asking support and information relating to the diagnosis of neurodevelopmental conditions.

When listening to these stories, it becomes apparent that improved administration and communication with families – right across their journey through the system – is essential in easing the anxiety families are telling us they're experiencing. It is vital that service providers, including Bradford District Care NHS Foundation Trust, are able to listen to parents, children and young people so that each case can be treated according to its unique circumstances.

We welcome the trust's commitment to working more collaboratively than ever with partners across health and social care. Much of the anxiety and distress these families share with us relates to feeling like they're being bounced around the system, that services are not communicating with each other and no one is taking responsibility for supporting them. The advent of the West Yorkshire Integrated Care Board this summer means there has never been a better opportunity to work in the joined-up way that is so desperately needed, and Healthwatch Bradford and District looks forward to being able to support progress across the whole system to improve the experience of people in desperate need of help.

We're grateful to Bradford District Care NHS Foundation Trust staff for their hard work amid unprecedented demand for services, and welcome the trust's focus on their health and wellbeing. We know that it's vital for patients and service users that staff feel well and able to do their jobs to the best of their ability. It is testament to the work being done in trying circumstances that the trust's overall Care Quality Commission rating has improved from 'Requires improvement' to 'Good' following the regulator's latest inspection, and we're confident of ongoing improvement under the trust's leadership structure.

**Helen Rushworth**, Lead Officer  
**Healthwatch Bradford and District**

25/5/2022

In response to the commentary provided by Bradford and District Healthwatch –

We appreciate due to COVID 19 that waiting times for treatment have increased, this includes our neurodiversity services within adults and CAMHS services with new pathways and additional investment being used to support children and their families. As a Trust we still need to address concerns from parents and families in regards to meeting the needs of children with specialist educational needs as a system which has been recently highlighted in the joint OFSTED and CQC SEND inspection report.



26 May 2022

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**Bradford District Care Foundation Trust Quality Report 2021/22**

On behalf of NHS Bradford District and Craven CCG, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2021/22. The Quality Account has been shared with key members across the CCG and this response is on behalf of the organisation.

In view of the considerable and prolonged challenges of the Covid-19 pandemic, there are significant achievements outlined in the report. The successes are demonstrative of effective partnership working at a system wide level.

Key Achievements include:

- The significant improvement in quality and safety demonstrated by the improved CQC rating, moving from requires improvement to good
- The National Carers Trust award, with a second gold star, for actively supporting and involving carers via the "Triangle of Care Membership Scheme".
- Despite being stepped down during Covid 19 lockdown, the Well Together scheme (formally Champions Show the Way) virtual groups were introduced to support participants. As soon as possible, active groups were then commenced resulting in the opening of 44 activities.
- The Trust provided excellent leadership on two community Covid 19 vaccination centres.
- A ligature risk assessment app has been introduced in collaboration with Estates and IT to provide real time and digitally secure data.
- The work on learning from deaths which includes weekly scrutiny and the adoption of the National tool "Structured Judgement review"

During 2021/22 the Trust actively participated in all the national clinical audits for which it was eligible. Valuable learning and system improvements are clearly acknowledged in the action plans in particular the Section 117 aftercare and physical health monitoring of people requiring alcohol detoxification on admission audits.

Despite the challenges of the Covid 19 pandemic, progress has been made with the strategic quality improvement priorities for the year, most notably;

- To engage with patients and service users, ensuring they are equal partners in care delivery. Progress has been made on "Your Voice Matters" via a new Friends and Family test provider, this has allowed opportunities for wider feedback mechanisms within the system. There has also been the implementation of a 24/7 online resource from childrens services aimed at supporting families
- To make effective use of resources to ensure that services are clinically, environmentally, and financially sustainable.



- Whilst continuing to experience workforce challenges, progress has been made in redesigning clinical pathways and creating development opportunities to support staff recruitment and retention.
- To further ensure effective use of resources several projects have emerged:
  - Supporting transformational programmes to create capacity and expertise
  - Delivery of the community mental health framework
  - Reconfiguring the community estate.
- To provide people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way) a live learning intranet site has been developed.
- Due to the pandemic, there have been reduced activities for patients regarding healthy lifestyle activities. However, activity was encouraged where possible, for example virtual groups and the installation of additional gym equipment.
- Assessments in the mental health teams such as CAMHS were undertaken in gardens and parks to reduce waiting times and remain compliant with Covid 19 restrictions.

The key local priorities for quality improvement for 2022/23 will have a continued focus on patient engagement and empowerment;

- Ensuring patient and service users are equal partners in the delivery of services. Creating roles for people with lived experience and strengthening opportunities for service users.
- Nurturing and developing staff. Embedding an inclusive and compassionate culture with a focus on talent management.
- Maximising the potential of services to deliver outstanding care to our community. This will involve working system wide with partners utilising recognised quality improvement methodologies.

I confirm that the statements of assurance have been completed demonstrating achievements against the essential standards.

The Trust has embraced the continued development of the Bradford District and Craven health and care partnership - and actively supports the senior leadership of the partnership on a number of fronts including children services and community partnerships, as well as mental health, learning disabilities and neurodiversity

Finally, I am required to confirm that NHS Bradford Districts and Craven CCG has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Bradford District Care Hospital's quality initiatives and activities over the last year.

I can also confirm that the NHS Bradford Districts and Craven CCG has taken reasonable steps to validate the accuracy of information provided within this Quality Account and can confirm that the information presented appears to be accurate and fairly interpreted; the Quality Account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by the Trust.

Kind regards,



Helen Hirst Chief officer  
NHS Bradford District and Craven CCG

## Appendix 1 – list of services provided

- 1 Adult mental health A&E liaison
- 2 Adult Mental Health Acute Inpatient services
- 3 Assertive Outreach service
- 4 Bradford and Airedale Neurodevelopmental service
- 5 Child and Adolescent Mental Health service
- 6 Children and young people's community eating disorders service (Freedom team)
- 7 Community Dental service and oral health improvement
- 8 Community mental health teams - working age adults
- 9 Community nursing (previously referred to as case managers, community matrons and district nursing)
- 10 Community nursing children with special needs in special schools
- 11 Continence service
- 12 Criminal Justice Liaison service
- 13 Early intervention in psychosis
- 14 Falls prevention exercise service
- 15 Family nurse partnership
- 16 First Response service
- 17 Homeless and new arrivals health team
- 18 Housing for health
- 19 MyWellbeing Improving access to psychological therapies (IAPT)
- 20 Individual placement and support employment service
- 21 Intensive home treatment
- 22 Learning disabilities - Assessment and Treatment Unit
- 23 Learning disabilities - Health Facilitation and Community Matron service
- 24 Learning disabilities - intensive support team
- 25 Learning disabilities - specialist therapies clinical liaison team
- 26 Little Minds Matter – Bradford infant mental health service
- 27 Looked-after children's health team
- 28 Adult low secure mental health service ~~for adults~~
- 29 Maternal Early Childhood Sustained Health Visiting
- 30 Mental Health Support Teams in schools and colleges
- 31 Older people's mental health - Acute Inpatient services
- 32 Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service
- 33 Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service
- 34 Podiatry – core and specialist
- 35 Primary Care Wellbeing service
- 36 Proactive Care Team, including Admiral Nurse Service
- 37 Psychiatric intensive care unit
- 38 Psychiatric Rehabilitation services
- 39 Psychological Therapies - Specialist service
- 40 Public Health – Health Promotion and Resources service

- 41 Public Health School Aged Immunisation Service, including Influenza (Bradford)
- 42 Public Health School Aged Immunisation Service, including Influenza (Wakefield)
- 43 Ready to Relate training - *from January 2022*
- 44 Speech and language therapy
- 45 Special Needs Speech and Language Therapy (Deaf & Hearing Impairment)
- 46 Speech and Language Therapy for Resourced Provision
- 47 Specialist Mother and Baby Mental Health Service
- 48 Strategic Breastfeeding service
- 49 Tissue viability
- 50 Well Together service (previously called Champions Show the Way)
- 51 Youth offending team: health team
- 52 0 – 19 Children’s Public Health service (Bradford)
- 53 0 – 19 Children’s Public Health service (Wakefield)

## Appendix 2 – Clinical Audit Actions Taken/To Be Taken

### National Audit

Audit title	Actions taken/to be taken
POMH Alcohol Detoxification on Inpatient Wards	<p>This was the third audit examining the processes around alcohol detoxification for patients admitted to an acute inpatient ward. The previous two audits showed that whilst overall care was generally good, some improvements could be made, particularly around prescribing. The results of this audit were extremely positive and BDCFT performed above the national average across all standards. The decision to undertake alcohol detox was informed by drinking history and alcohol intake for 93% of patients. A physical examination was carried out for 98% of patients. Liver Function Blood Tests were carried out for 91% of patients but other blood tests such as Clotting was not routinely carried out. In all cases the pharmacotherapy to treat withdrawal symptoms was appropriate with a single benzodiazepine prescribed to all patients (100%). The prescribing of parenteral thiamine showed improvement since the previous audit with 79% of patients being prescribed thiamine intramuscularly on admission. On investigation into the reasons for this it was found that some patients had been admitted whilst already being prescribed oral thiamine and this was therefore continued. Compliance with discretionary treatment targets showed opportunities for improvement, in the measurement of breath alcohol at initial assessment, initiation of relapse prevention medication and referral to specialist alcohol service for continuing care. Recommendations that were generated through discussions at both the Medical Staff Audit Group and the Involvement Partners in Audit Group have been shared with Drugs and Therapeutic Committee who have agreed wider work to develop the recommendations into actions. These relate to the prescribing of relapse prevention medications and how as a Trust we can collaborate with CGL (Change Grow Live; Drug and Alcohol Service), getting input from Gastroenterology regarding the usefulness of other blood tests, to discuss with Operations regarding breathalysing patients on admission, linking in with the Clinical Director for Inpatient Service regarding training for junior doctors on alcohol detoxification and finally updating the local alcohol detoxification guideline in light of the audit results and ePMA (Electronic Prescribing and Medicines Administration). This will be re-audited at some point during the next 3 years as part of the POMH national programme.</p>

## Commissioner Audit

Audit title	Actions taken/to be taken
Section 117 Aftercare	<p>This is the seventeenth audit of Section 117 aftercare. The legislation of the Mental Health Act (MHA) (1983) places a statutory requirement on secondary care community services, such as Community Mental Health Teams (CMHTs), to provide aftercare to those patients who have been detained in hospital under Sections 3, 37, 45a, 47/49 and 48 or who have been placed on a Community Treatment Order (Section 17a). The results show that compliance remains high for the documentation of Section 117 responsibilities (99%) and start dates (99%) but opportunities for improvement exist around the documentation of 117 needs within care plans (68%) and the reviewing of aftercare entitlement (also 68%), particularly for patients who have been entitled to Section 117 support for longer periods of time. Agreed actions relate to ensuring ongoing training reiterates how and where to document 117 needs in the new My Care and Safety Plan, to consider integrating a clinician to work with the CPA (Care Programme Approach) Team in delivering care planning training. The Parliamentary and Health Service Ombudsman have published a paper regarding investigations and complaints about how Section 117 has been applied and monitored; they are requesting that organisations tighten up on care planning, funding and residency issues. Audit Yorkshire are currently doing a piece of work with the Trust around Section 117 aftercare, and it is likely that further recommendations will arise from this. This audit takes place on a yearly basis, at least, therefore there will be further monitoring of the standards during 2022/23.</p>

## Local Audit

Audit title	Actions taken/to be taken
Risk Assessments within My Wellbeing College IAPT (Improving Access to Psychological Therapies)	<p>This baseline audit was carried out to ascertain the extent to which the MyWellbeing Service staff document the client's consent to access/share information and how well they assess the client's level of risk at initial assessment and throughout treatment for those accessing Step 2 or Step 3 therapeutic interventions for depression and/or anxiety. The results showed areas of strong performance such as 94% of clients having risk assessments completed at appropriate intervals and 88% of cases showing evidence of agreed outcomes and plans where cases were discussed at supervision. The audit also identified opportunities for improvement; only 19% of clients had consent to access SystmOne documented at their initial assessment, only 27% of clients with other professionals involved in their care had a discussion about consent to share information and only 35% of clients had a discharge letter sent to the GP/referrer at the end of their treatment. Based on the results an extremely comprehensive action plan has been developed. It includes training for the Admin Team who are now responsible for registering patients and asking about confidentiality. A new assessment form has been developed which contains a section on confidentiality. The assessment notes template will also include a section on this, and staff will be trained on the form, and the notes template. All staff have received training around what information must be included in an assessment and how to assess. Staff have been made aware of the risk escalation process. Managers will receive additional risk training and annual risk training for all other staff will be monitored to ensure completion. All staff will be offered additional training on defensible notes. A new discharge letter template will be created to support staff sending discharge letters and to prompt them for all relevant information. All staff will be offered additional training/guidance around how discharge letters should be completed. These actions are supported by the creation of a new Risk Policy specifically for the IAPT Service which is due in December 2022. A re-audit will be carried out in 2022/23 to measure the effectiveness of this action plan.</p>

## **Appendix 3 - 2021/22 Statement of Directors' responsibilities for the Quality Report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2021/22 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2021 to March 2022
  - papers relating to quality reported to the board over the period April 2021 to March 2022
  - feedback from commissioners dated 26.05.22
  - feedback from local Healthwatch organisations dated 25.05.22
  - the latest national patient survey
  - the latest national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment
  - CQC inspection report dated September 2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board



Signed: \_\_\_\_\_

Therese Patten, Chief Executive

Date: 28<sup>th</sup> June 2022

Signed:  \_\_\_\_\_

Carole Panteli, Chair

Date: 28<sup>th</sup> June 2022



## **Appendix 4 Independent Auditors Report**

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

## Appendix 5: Glossary of terms

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

**Autism Diagnostic Observation Schedule (ADOS) Assessment** – is an assessment of social communication, social interaction and play used on children and adults suspected of having an autism spectrum disorder(ASD).

**Audit** - Audit is the process used by health professionals to assess, evaluate, and improve care of patients in a systematic way in order to enhance their health and quality of life.

**Benchmarking** – To evaluate something (e.g. a service) by comparison with a standard.

**Care programme approach (CPA)** - The care programme approach (CPA) was introduced by the Department of Health in 1991 as a framework for the assessment and management of persons with a mental health disorder, both in hospital and in the community.

**Care Quality Commission (CQC)** - The Care Quality Commission or (CQC) is the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.

**Care Trust Way (CTW)** - The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.

**Clinical Research Network** – The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care.

**Commissioner** - Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.

**CQUIN (commissioning for quality and innovation payment framework)** - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework.

**Data definitions** - The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.

**Data sources** - The sources of data for the indicators reported are

- Clinical systems
- E-rostering
- Audits
- FFT
- ESR
- Staff survey
- NHS Digital

**Disclosure and Barring check** – A Disclosure and Barring Service (DBS) check provides information about an employee's criminal history. It helps to determine whether a person is a suitable candidate for the role for which they are applying.

**Duty of candour** - 'Duty of candour' is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of candour aims to help patients receive accurate, truthful information from health providers.

**Foundation Trust (FT)** - Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trusts are still accountable to Parliament, but differ from standard NHS Trusts primarily due to the accountability to local people who can register as members and be elected as governors.

**Forensic Inpatient ward** – Forensic services are for offenders with mental health conditions, who cannot be managed within the referring service.

**FPFV metric** – This means the first patient's first screening visit in a clinical trial at or prior to which such subject signs an informed consent to participate in a clinical trial.

**Healthwatch** - An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.

**Kaizen** - Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.

**LEAN Management** – Lean management is an approach to managing an organisation that supports the concept of continuous improvement.

**NHS Digital** - 'NHS Digital' is the new name for the Health and Social Care Information Centre. We exist to improve health and care by providing national information, data and IT services for patients, clinicians, commissioners and researchers

**NHSEI – NHS England and NHS Improvement** - NHS England and NHS Improvement joined together from 1<sup>st</sup> April 2019. They support the NHS to deliver improved care for patients. <https://www.england.nhs.uk/about>

**NHS staff survey** - An annual anonymous survey to staff in all NHS organisations

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results>

**NICE - National Institute for Health and Care Excellence** - The National Institute for Health and Care Excellence (NICE) is an independent organisation that provides national guidance and standards on the promotion of good health and the prevention and treatment of ill health. This role was set out in a 2004 white paper, 'Choosing health: making healthier choices easier', and is intended to help people to make well-informed choices about their health.

<https://www.nice.org.uk/>

**Partners in Audit Network (PiAN)** - A service user and carer audit network.

**Quality** - Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.

**Quality report** - A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

**Quality and safety committee (QSC)** - The quality and safety committee is a committee of the Trust Board that monitors, reviews and reports to the board on the adequacy of the Trust's processes in the areas of clinical and social care governance. It ensures the Trust is effectively organised to meet the requirements of external inspectorate bodies and seeks assurance that systems and processes are in place to demonstrate that the quality of services is of a high standard.

**Rapid Process Improvement Workshop (RPIW)** is a five-day workshop that focuses on empowering the people who do the work to eliminate waste and reduce the burden of work for a particular process while adding value for patient, service users and customers.

**Reminiscence Interactive Therapy Activities (R.I.T.A)** – This technology is a valuable tool aimed at improving the care delivered to older people and those living with dementia as a means of supporting them and reducing agitation, isolation, depression and delirium.

**R4** - The Trust's clinical information system for salaried dental services.

**Stakeholders** -A person, group, or organisation that is affected or can be affected by an organisation's action.

**STEIS strategic executive information system** -The national NHS reporting framework for reporting serious incidents.

**SystemOne** -The Trust's clinical information system for community and mental health services.

**TWICS** programme (Together We Improve, Create and Sustain) – a programme designed to support the sustainability of the Trust.

## **Appendix 6: Let us know what you think**

Hopefully, our quality report has been informative and interesting to you and we welcome your feedback, along with any suggestions you may have for next year's publication.

**Please contact us at [BDCTqualityaccount@bdct.nhs.uk](mailto:BDCTqualityaccount@bdct.nhs.uk)**

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## **Check out our website**

Do you know to know more about the services that we provide? Visit us at [www.bdct.nhs.uk](http://www.bdct.nhs.uk)

This quality report can be found on NHS Choices website at [www.nhs.uk](http://www.nhs.uk)

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the quality report regulations.

## **Join us as a member and have a say in our future plans**

A representative and meaningful membership is important to the success of the Trust and provides members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are happy to receive a newsletter four times a year and come along to membership events.

For further information please contact our Foundation Trust Office on:

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